

# Green Book

2004

---

A Guide to Federal Government  
ACH Payments and Collections



---

[www.fms.treas.gov/greenbook](http://www.fms.treas.gov/greenbook)

# Green Book

2004

## Table of Contents

Enrollment	1-1
ACH Payment Processing	2-1
Nonreceipt	3-1
Returns	4-1
Reclamations	5-1
Notification of Change	6-1
Collections	7-1
Contacts	8-1
Glossary	9-1

## Index

*Green Book 2004 Order Form*

*How to Order Direct Deposit*

*Sign-up Forms*

# Introduction

Welcome to the Green Book 2004 — a comprehensive guide for financial institutions processing Federal government ACH payments and collections. You will notice the Green Book 2004 has a different look than the previous edition. There are several reasons for this. When the Green Book was last published in 2000, the majority of Federal payments were made by paper check. Today, the vast majority of Federal payments are made via the Automated Clearing House (ACH). In fact, four of every five Social Security recipients receive payments by Direct Deposit, with more and more signing up every day. Since its inception in 1996, the Electronic Federal Tax Payment System (EFTPS), has collected over \$8.5 trillion dollars through more than 354 million ACH transactions.

With this in mind, the Federal government took a major step in April 1999. The Department of the Treasury issued its revised ACH regulation, 31 CFR 210, Federal Government Participation in the Automated Clearing House. Through this revised regulation, the Federal government adopted the National Automated Clearing House Association (NACHA) Operating Rules (with certain exceptions) as the rules governing Federal ACH payments (and annually publishes a notice of acceptance of any NACHA rule changes).

With very few exceptions, Federal government ACH payments are now subject to the same rules as private industry ACH payments. Where appropriate, sections repeating information contained in the NACHA Operating Rules are removed. As a result, the Green Book 2004 is smaller in size. The Green Book 2004 is designed to deal with exceptions or issues unique to Federal government payments. Federal agency contact information is updated and, since so much information is available via the Internet, web site addresses are included where appropriate. Most importantly, the Green Book 2004 is now available on the Internet at [www.fms.treas.gov/greenbook](http://www.fms.treas.gov/greenbook). We encourage you to visit the web site for frequent updates and news relevant to Federal government ACH payments.

The ACH regulation, 31 CFR 210, provides the basis for most of the information contained in the Green Book 2004. However, there are other regulations that impact Federal government ACH payments. The following table summarizes these regulations:

Regulation	Governs	Developed and maintained by:
31 CFR Part 210	Federal Government Participation in the Automated Clearing House <i>Latest Edition: July 1, 2003 as revised March 19, 2004</i>	Financial Management Service
31 CFR Part 208	Management of Federal Agency Disbursements <i>Latest Edition: July 1, 2003 as revised March 19, 2004</i>	Financial Management Service
31 CFR Part 203	Payment of Federal Taxes and the Treasury Tax and Loan Program <i>Latest Edition: July 1, 2003 as revised March 19, 2004</i>	Financial Management Service
31 CFR Part 370	Electronic Transactions and Funds Transfers Relating to United States Securities <i>Latest Edition: July 1, 2003 as revised March 19, 2004</i>	Bureau of the Public Debt

We are often asked, “Why green?” It’s really simple. The first publication issued in 1975 dealing with the Direct Deposit of Federal government payments had a green cover. More than twenty-five years later, the world of Federal government payments has changed, but the Green Book is still green! We hope you incorporate the Green Book 2004 into your daily operations and visit us frequently at [www.fms.treas.gov/greenbook](http://www.fms.treas.gov/greenbook).

Department of the Treasury  
Financial Management Service  
September 2004

# 1 Enrollment for Federal Payments

## Overview

For Federal government (government) payments made through the Automated Clearing House (ACH) system, the recipient must enroll with the paying Federal agency. This chapter is a guide to the enrollment process for various payment types —both consumer and corporate. There are several enrollment options:

1. **Automated Enrollment (ENR) through the ACH for Federal benefit payments;**
2. **Simplified Enrollment (using the telephone or a form other than the standard Direct Deposit Sign Up Form SF 1199A) for a variety of consumer payments including Federal benefits, principal and interest payments for Treasury securities, interest payments for savings bonds, Federal salary and employment related payments, and IRS tax refunds; and,**
3. **Paper Enrollment (using Direct Deposit Sign Up Form SF 1199A for Federal benefit or salary payments or the ACH Vendor/Miscellaneous Payment Enrollment Form SF 3881 for corporate vendor payments).**

Errors in the Direct Deposit enrollment process are the primary cause of mis-directed payments. Financial institutions will be held liable for providing incorrect enrollment information and should, therefore, carefully review all Direct Deposit enrollment procedures.

## In this Chapter...

<b>A. Automated Enrollment/ENR</b>	<b>1-4</b>
Payment Cycling	1-4
<b>B. Simplified Enrollment</b>	<b>1-5</b>
Simplified Enrollment Methods	1-5
General Guidelines for Financial Institutions	1-6
Simplified Enrollment for Allotments, Federal Salary, and Federal Employment Related Payments	1-7
When Should Direct Deposit Begin Once it has been Initiated?	1-7
Simplified Enrollment for IRS Tax Refunds	1-7
Formless Direct Deposit (RRB)	1-8
Dial Direct Deposit (Social Security Administration)	1-9
EZ EFT Enrollment (OPM)	1-9
<i>TreasuryDirect</i> (Bureau of the Public Debt)	1-9
H/HH Savings Bonds Interest Payments	1-10
Veterans Affairs Direct Deposit (VA)	1-11
<b>C. Paper Enrollment Methods</b>	<b>1-11</b>
<b>D. Direct Deposit Sign-Up Form (SF 1199A)</b>	<b>1-13</b>
How to Complete the SF 1199A	1-13
Section 1	1-13
Claim Number Prefix	1-13
Claim Number	1-13
Claim Number Suffix	1-14
Claim/Payroll ID Table	1-14
When Using Witnesses	1-16
Power-of-Attorney	1-16
Section 2	1-17
Section 3	1-17
What Actions Should Take Place Before Filing the SF 1199A?	1-17
Important Information for New Direct Deposit Recipients	1-18
How Are Forms Distributed?	1-19
What to do if Direct Deposit does not Begin	1-19
Direct Deposit Sign-Up Form (SF 1199A) Sample	1-20
SF 1199A Examples	1-21
<b>E. Federal Financial EDI (FEDI) Payments/Vendor Payments</b>	<b>1-31</b>
Overview	1-31

Delivery of Remittance Information .....	1-31
Enrollment .....	1-32
Enrollment Checklist .....	1-32
How to Complete the Enrollment Form .....	1-33
Agency Information .....	1-33
Payee/Company Information .....	1-33
Financial Institution Information .....	1-33
Form Distribution .....	1-33
Sample ACH/Vendor Miscellaneous Payment Enrollment Form (SF 3881) .....	1-34
Pointers for Completing SF 3881 Form .....	1-35
<b>F. Automated Standard Application for Payments (ASAP) .....</b>	<b>1-37</b>
General Information .....	1-37
Financial Institution Role .....	1-37
<b>G. Termination of Enrollment .....</b>	<b>1-37</b>
Termination by the Recipient .....	1-38
Courtesy Notice .....	1-38
Termination by the Financial Institution .....	1-38
Recipient Notice to the Federal Agency .....	1-38
<b>Appendices</b>	
1. QuickStart™ Enrollments Desktop Guide	
2. Federal Agency Addresses and Phone Numbers	

## A. Automated Enrollment (ENR)

Automated enrollment is a convenient method for financial institutions to use the Automated Clearing House (ACH) network to transmit Direct Deposit enrollment information directly to Federal agencies for benefit payments. An ENR entry is a non-dollar entry sent through the ACH by any Receiving Depository Financial Institution (RDFI) to a Federal government agency participating in the ENR program. The ENR program is often referred to as *Quick\$tart*<sup>TM</sup>. (See Appendix 1 at the end of this chapter.)

ENR is the enrollment method preferred by Federal benefit agencies. The ENR reduces errors in the enrollment process and allows Direct Deposit payments to begin sooner than paper enrollment methods.

An ENR should be used when the recipient is executing a new authorization. This may represent a first-time sign-up for Direct Deposit or a change in financial institutions. The ENR should not be used for changes to existing Direct Deposit enrollments. To change financial institution data for an existing Direct Deposit enrollment, you must use a Notification of Change (NOC). An NOC represents a correction in account information within the existing authorization. (Refer to Chapter 6 for more information on NOCs.)

The following Federal benefit payments are eligible for automated enrollment. Generally, for a recipient to receive the next month's payment by Direct Deposit, the enrollment should be transmitted as follows:

Type of Benefit Payment	Transmitted by:
Social Security (SSA)	The <b>15th</b> of the month
Supplemental Security Income (SSI)	The <b>10th</b> of the month
Veterans Compensation and Pension	The <b>10th</b> of the month
Veterans Education MGIB	Any time of the month
Veterans Education/Selected Reserve	Any time of the month
Veterans Life Insurance	Any time of the month
Veterans Vocational Rehabilitation and Employment Benefits	The <b>15th</b> of the month
Civil Service Retirement Annuity and Survivor Annuity	The <b>15th</b> of the month
Railroad Retirement Annuity	The <b>15th</b> of the month
Railroad Retirement Unemployment/Sickness	Any time of the month

**Note:** Please refer to your current NACHA ACH Rules for formats and instructions.

### SSA Payment Cycling

Since June 1997, the payment date for newly enrolled Social Security beneficiaries is either the second, third, or fourth Wednesday of the month. These additional payment days alleviate the workload peaks for SSA, FMS, and the financial and business communities.



## B. Simplified Enrollment

There are a variety of ways for Federal payment recipients to enroll for Direct Deposit without visiting a financial institution. These options are known as Simplified Enrollment.

The table below shows the Simplified Enrollment procedures for specific payment types.

### Simplified Enrollment Methods

Payment Type	Recipient
Allotments	Completes an approved form at his/her Federal agency personnel office (e.g., FMS Form 2231, <i>FastStart</i> Direct Deposit). Some Federal employees are able to make changes to Direct Deposit information via telephone using <i>Employee Express</i> .
Federal Salary	
Federal Employment-Related Payments (i.e., Travel Reimbursement, Uniform Allowance, etc.)	Recipients should contact their servicing personnel office for more information.
IRS Tax Refunds	<p>Completes the financial institution information section of the IRS Form 1040 during tax preparation.</p> <p>For paper filing completes a U.S. Individual Income Tax Declaration (IRS Form 8453). For electronic filing via IRS <i>e-file</i> completes an 8453OL.</p> <p>Recipients should contact the IRS at <b>1 (800) 829-1040</b> or visit <a href="http://www.irs.gov">www.irs.gov</a> for more details.</p>
Railroad Retirement Board (RRB)	<p>Enrolls with the RRB at the same time he/she applies for benefits, or at any time after he/she begins receiving benefits.</p> <p>Recipients should contact the nearest RRB field office for more details.</p>
Social Security (SSA) and Supplemental Security Income (SSI)	<p>Enrolls at the same time he/she applies for benefits at the SSA.</p> <p>Recipients should contact the SSA at <b>1 (800) SSA-1213 (1-800-772-1213)</b>.</p>
Office of Personnel Management (OPM)	Enrolls at the same time individual applies for benefits. Recipients should call OPM at <b>1 (888) 767-6738</b> or (202) 606-0500 in the Washington, DC area, or visit <a href="http://www.opm.gov/retire">www.opm.gov/retire</a> for more details.

***Simplified Enrollment Methods (continued)***

<b>Payment Type</b>	<b>Recipient</b>
Bureau of the Public Debt <i>TreasuryDirect</i>	<p>Enrolls automatically when he/she establishes a <i>TreasuryDirect</i> account for purchasing Treasury bills, notes, and bonds. Allows for the Direct Deposit of principal and interest payments. Investors use Form PD F 5182, New Account Request, to establish a <i>TreasuryDirect</i> account and to provide Direct Deposit information. Investors use Form PD F 5178, Transaction Request, to change Direct Deposit information.</p> <p>Recipients should contact a designated <i>TreasuryDirect</i> Servicing Office or visit <a href="http://www.treasurydirect.gov">www.treasurydirect.gov</a> for forms and other information.</p>
Veterans Compensation Pension & Education (MGIB)	<p>Enrolls at the same time he/she applies for benefits at the VA or at any time after he/she begins receiving benefits.</p> <p>Recipients should contact the VA National Direct Deposit EFT line at <b>1 (800) 827-1000</b> or visit <a href="http://www.vba.va.gov/ro/.muskogee">www.vba.va.gov/ro/.muskogee</a> for further details.</p>
Veterans Life Insurance	<p>Enrolls at the same time he/she applies for benefits at the VA or at any time after he/she begins receiving benefits.</p> <p>Recipients should contact the VA Insurance office at <b>1 (800) 669-8477</b> or visit <a href="http://www.insurance.va.gov">www.insurance.va.gov</a> for further details.</p>

**General Guidelines for Financial Institutions**

- Financial institutions may be asked to verify banking information for Direct Deposit enrollments. Recipients will need to provide the Federal agency with their:
  - Account number
  - Account type (checking or savings)
  - Routing Number the financial institution uses to receive ACH items.
- Recipients may obtain enrollment information from banking documents such as checks, share drafts, and passbooks. Upon receipt of the enrollment, Federal agencies will capture the Direct Deposit information and assure proper identification of the recipient.



**Note:** Financial institutions can assist the recipients in providing routing and account numbers to be used for Direct Deposit enrollment.

3. Unless a prenotification has been originated by the Federal agency, the first ACH credit is the RDFI's notice of a recipient's new Direct Deposit enrollment.
4. Payments should be returned when they cannot be properly posted. A Notification of Change (NOC) should be originated if corrections are needed for future payments. Refer to Chapter 6 for the procedures for originating NOCs.

**Note:** Errors in the Direct Deposit enrollment process are the primary cause of misdirected payments. Financial institutions will be held liable for providing incorrect enrollment information and should, therefore, carefully review all Direct Deposit enrollment procedures.



### ***Simplified Enrollment for Allotments, Federal Salary, and Federal Employment Related Payments***

Recipients who are current Federal employees complete an approved form at their agency personnel office, for military members, servicing pay office. This form may be an SF 1199A or an FMS Form 2231 (*FastStart* Direct Deposit Sign Up) or a similar form used by the employee's agency. The Direct Deposit payments may be for Federal salaries, allotments, or for employment related payments for travel reimbursement or uniform allowance.

It is not necessary for the Federal employee to bring the form to the financial institution for verification of the banking information. However, some may do so if unfamiliar with the account number or the routing number.

### ***When Should Direct Deposit Begin Once it Has Been Initiated?***

Use the table below to determine when Direct Deposit should begin once the enrollment form is forwarded to the Federal agency.

<b>IF the payment type is...</b>	<b>THEN Direct Deposit should begin within..</b>
Federal salary	2-3 pay periods
Military civilian pay	
Military active duty	
Allotments	
Recurring benefit	60-90 days.
Military retirement/annuity	

### ***Simplified Enrollment for IRS Tax Refunds***

The Internal Revenue Service (IRS) offers the Direct Deposit of IRS Form 1040 tax refunds for both paper and electronically filed returns.

For IRS Form 1040 paper returns, taxpayers receiving refunds and electing Direct Deposit simply complete the financial institution information section of the form and mail the form to the IRS.

For electronically filed returns using an authorized IRS *e-file* provider, the taxpayer will complete a U.S. Individual Income Tax Declaration for Electronic Filing (IRS Form 8453) for refunds by Direct Deposit. This form authorizes the tax preparer to transmit the return and allows the choice of having the refund deposited into a checking or savings account.

Taxpayers preparing returns on a personal computer using commercial tax preparation software or the IRS Free Online Filing and transmitting the information via modem to the IRS complete Form 8453-OL, U.S. Individual Income Tax Declaration for On-Line Filing. This form allows the taxpayer to choose Direct Deposit for the refund. The financial institution will not receive copies of these forms.

The financial institution should be aware of the following:

1. Enrollment in Direct Deposit for income tax refunds is not a permanent election by the taxpayer. Taxpayers must elect Direct Deposit each filing year.
2. Payments must be returned when they cannot be properly posted by the financial institution. NOCs cannot be used to correct any information. In the instance where a Direct Deposit IRS tax refund is unpostable and returned, taxpayers will receive a check in place of a Direct Deposit payment.
3. The financial institution's responsibility is to post the Direct Deposit payment to the account indicated on the ACH record. As long as the financial institution posts the payment to the account indicated, it has met its responsibility. If the funds are posted to a valid account that turns out to be the wrong account, the financial institution is not liable to the Government for the return of the funds. If the taxpayer or the taxpayer's agent gave the incorrect account information, neither FMS nor the IRS will assist the taxpayer with recovering the funds, and the taxpayer is free to pursue civil actions. If, however, the IRS made the error, it will make the taxpayer whole.

For further information, contact the IRS at 1 (800) 829-1040; contact the local IRS District Office; or visit [www.irs.gov](http://www.irs.gov).

For IRS tax refund status, the recipient should call the IRS automated refund service at 1 (800) 829-4477. (Recipients must supply the Social Security Number, filing status, and amount of the refund.)

### Formless Direct Deposit (Railroad Retirement Board)

Recipients already receiving Railroad Retirement (RRB) benefits by check may enroll in Direct Deposit by:

1. Calling the nearest Railroad Retirement Board office. The telephone numbers for the Railroad Retirement Board are listed in the local telephone book, or may be obtained either by calling 1 (800) 808-0772 or by visiting [www.rrb.gov](http://www.rrb.gov); or

2. Sending a written request to enroll in Direct Deposit to the local Railroad Retirement Board field office. The letter should include the recipient's name and the following:
  - A. Account number,
  - B. Account type (checking or savings).
  - C. Routing number of the financial institution used to receive ACH items.

### Dial Direct Deposit (Social Security Administration)

Recipients already receiving Social Security and Supplemental Security Income benefits by check may enroll in Direct Deposit by calling the telephone number listed for Social Security in the local telephone book, or 1 (800) SSA-1213 (1-800-772-1213).

SSA's toll-free telephone service is available from 7:00 a.m. to 7:00 p.m. Eastern time, Monday through Friday. Due to the high volume of calls, the best times to telephone are in the early morning and during the latter parts of the week and month.

The financial institution may make the call on behalf of the recipient and may provide the enrollment information; however, SSA will request to speak to the recipient to verify his/her identity.

### EZ EFT Enrollment (Office of Personnel Management)

New retirees, annuitants, and survivor annuitants may enroll in Direct Deposit by calling the toll-free customer service number at 1 (888) 767-6738. Those in the Washington, DC area are encouraged to call (202) 606-0500. Recipients may also visit [www.opm.gov/retire](http://www.opm.gov/retire) for instructions on how to change their payment address on-line.

### TreasuryDirect (Bureau of the Public Debt)

*TreasuryDirect* is a book-entry securities system in which investors' accounts of book-entry Treasury marketable securities are maintained. *TreasuryDirect* is designed for investors who purchase Treasury securities and intend to hold them until maturity. Investors can establish a *TreasuryDirect* account and hold all their bills, notes, and bonds in one *TreasuryDirect* account showing the same ownership for all their securities or they can establish multiple accounts reflecting different ownership. Investors will receive a *TreasuryDirect* Statement of Account when they open a new account, when the par amount changes, upon request, or if they have not received one during the calendar year.

*TreasuryDirect* principal and interest payments are made electronically by Direct Deposit to a checking or savings account at a financial institution designated by the investor. When establishing a *TreasuryDirect* account, investors will complete Form PD F 5182, New Account Request, and will include Direct Deposit information. Investors are not required to fill out an SF 1199A. Investors can also establish an account when they complete Form PD F 5381, Treasury Bill, Note & Bond Tender to purchase a security. Investors use Form PD F 5178, Transaction Request, to change Direct Deposit information for the *TreasuryDirect* account. Financial institutions may be asked by customers to furnish the account number, routing transit number, account type, and/or the financial institution's name. The investor should contact a designated *TreasuryDirect* Servicing Office or visit [www.treasurydirect.gov](http://www.treasurydirect.gov) for forms and other information.

## **Simplified Enrollment for Series H/HH Savings Bond Interest Payments (Bureau of the Public Debt)**

Series H/HH savings bonds are current income securities that pay interest semiannually. Interest on bonds issued October 1989 to the present must be paid by Direct Deposit. Unless a recipient claims that it will cause a hardship, interest on bonds issued prior to October 1989 must also be paid by Direct Deposit.

To enroll in Direct Deposit or to change their enrollment, recipients may:

1. Download PD F 5396 from [www.savingsbonds.gov](http://www.savingsbonds.gov), complete and mail the form as instructed, or
2. Send a letter to the Current Income Bond Branch, Bureau of the Public Debt, Parkersburg, WV 26106-2186. The letter should include the following:
  - A. Recipient's name
  - B. Social security number
  - C. Account number
  - D. Account type (checking or savings)
  - E. Routing number of the financial institution.

## Department of Veterans Affairs Direct Deposit

Veterans Compensation, Pension and Education (MGIB) recipients already receiving benefits may enroll in Direct Deposit by calling 1 (800) 827-1000. A Direct Deposit enrollment form and further details are also available by visiting [www.vba.va.gov/ro/muskogee](http://www.vba.va.gov/ro/muskogee) or by writing to:

Department of Veterans Affairs  
125 South Main Street, Suite B  
Muskogee, OK 74401-7004

New recipients should provide Direct Deposit information at the time of application.

Veterans Life Insurance recipients may enroll in Direct Deposit by calling 1 (800) 669-8477. A Direct Deposit Enrollment form and further details are also available by visiting [www.insurance.va.gov](http://www.insurance.va.gov) or by writing to:

VAROIC - DD  
P.O. Box 7208  
Philadelphia, PA 19101-7208

New recipients should provide Direct Deposit information at the time of application.

## C. Paper Enrollment Methods

The table below shows the Paper Enrollment procedures for specific Federal agencies.

Agency/Payment Type	Recipient
<b>Social Security Administration</b>	Recipients should complete the Direct Deposit Sign-Up Form (SF 1199A). Please refer to your local phone book's Blue Pages for the phone number and/or address of your local SSA District Office.
<b>Office of Personnel Management</b>	Send completed forms to... Office of Personnel Management Change-of-Address Section-ROC P.O. Box 440 Boyers, PA 16017-0440
<b>Railroad Retirement Board</b>	Send completed forms to... <ul style="list-style-type: none"> <li>• The local Railroad Retirement Board as listed in the telephone directory; or,</li> <li>• If you cannot obtain the address of the local office, mail to: U.S. Railroad Retirement Board P.O. Box 10792 Chicago, IL 60610 Attn: Direct Deposit Coordinator</li> </ul>



Agency/Payment Type	Recipient
<b>Bureau of the Public Debt</b> State and Local Government Series Securities (Bureau of the Public Debt)	Enrolls automatically when government entity or trustee subscribes for Time Deposit securities or Demand Deposit securities, completing PD F 4144 (E) or 5237 (E), respectively. Allows for the Direct Deposit of interest payments. Recipients should contact Division of Special Investments at (304) 480-7752 or visit <a href="http://www.publicdebt.treas.gov">www.publicdebt.treas.gov</a> for forms and other information.
United States Mortgage Guaranty Insurance Company Tax and Loss Bonds (Bureau of the Public Debt)	Enrolls automatically by completing PD F 3871 (E). Companies buying Tax Loss Bonds are involved in mortgage guaranty insurance and lease guarantee insurance. Tax and Loss Bonds are non-interest bearing securities. Principal is paid via Direct Deposit. Recipients should contact Division of Special Investments at (304) 480-7752 or visit <a href="http://www.publicdebt.treas.gov">www.publicdebt.treas.gov</a> for forms and other information.
Federal Housing Administration Debentures (Bureau of the Public Debt)	The Federal Housing Administration (FHA) issues these debentures in settlement of defaulted mortgages. The Federal Reserve Bank of Philadelphia maintains the system. Payments are made by Direct Deposit. For more information, recipients should contact Housing and Urban Development at (202) 708-3423, or write to HUD at 451 7th Street, SW, Washington, DC 20410, Attention: multi-family or single family claims.
Series H/HH Savings Bond Interest Payments (Bureau of the Public Debt)	Completes PD F 5396. Recipients should contact the Current Income Bond Branch, Bureau of the Public Debt, Parkersburg, WV 26102-2186 or visit <a href="http://www.savingsbonds.gov">www.savingsbonds.gov</a> to download the form.



## D. Direct Deposit Sign-Up Form (SF 1199A)

### How to Complete the SF 1199A:

#### *Section 1- To be completed by the payee*

The financial institution should verify that all information on this portion of the form is correct.

The financial institution needs to be aware of the following special items:

#### **Name of Person(s) Entitled to Payment (Box B)**

In most cases, this will be the name of the payee. Refer to the appropriate Federal agency examples to determine what to enter for recurring benefit payments from the Department of Veterans Affairs, Office of Personnel Management, Railroad Retirement Board, and Social Security Administration.

#### **Claim or Payroll ID Number (Box C)**

The Claim or Payroll ID Number is available on a recipient's check.  
(See Table starting on Page 1-14.)

##### Claim Number Prefix

A prefix is one or more letters preceding the claim number. These characters indicate the type of claim for which benefits are being paid. For an explanation of the meaning of a prefix, contact the Federal agency authorizing the payment.

##### **Examples:**

Civil Service Retirement (OPM ) . . . **CSF** 1234567 W  
Railroad Retirement . . . . . **A** 123456 1  
**WCA** 123456789 7

##### Claim Number

A number that identifies the recipient's records at the Federal agency that authorizes the payment: usually a Social Security number or an equivalent identification number.

##### **Examples:**

Civil Service Retirement (OPM ) . . . **CSF** 1234567 W  
Railroad Retirement . . . . . **A** 123456 1  
**WCA** 123456789 7

A suffix is one or two characters (letters or numbers) following a claim number. These characters indicate the type or the payee's relationship to the beneficiary. For a full explanation of a suffix, contact the Federal agency authorizing the payment.

### Examples:

Social Security	123-45-6789	A	987-65-4321	C1
Railroad Retirement	A 123456	1	WCA 123456789	7
Civil Service Retirement (OPM)	CSF	1234567	W	
VA Compensation, Pension and Education	123-45-6789	00		



**Note:** The claim number suffix for VA Compensation, Pension and Education benefit payments reflects the entitlement status of the beneficiary. For example, suffix '00' means the veteran, and '10' means the spouse of the veteran.

### Claim/Payroll ID Table

The table below shows what to enter on the SF 1199A for the Claim or Payroll ID number (Box C) for the various payment types. The Claim or Payroll ID number is available on a recipient's check.

Payment Type	Prefix	Claim Number	Suffix
Allotments (Savings and Discretionary)	Leave blank	Social Security Number or Payroll ID Number	Leave blank
Black Lung (Department of Labor)	Leave Blank	Social Security Number	2 characters following the Social Security Number
Central Intelligence Agency/annuity	Leave blank	Social Security Number	Leave blank
Civil Service Retirement (Office of Personnel Management)	CSA or CSF, whichever appears on the check	7-digit number	If provided, will be either a single letter or number
Federal Employee Workers' Compensation (Department of Labor)	Leave blank	Case number assigned by the Federal agency	Leave Blank
Federal Salary/Military Civilian Pay	Leave blank	Social Security Number or Payroll ID Number	Leave blank

**Claim/Payroll ID Table (continued)**

<b>Payment Type</b>	<b>Prefix</b>	<b>Claim Number</b>	<b>Suffix</b>
Longshore and Harbor Worker's Compensation Department of Labor	Leave Blank	File number assigned by the Federal agency	Leave Blank
Military Active Duty and Allotments	Leave Blank	Social Security Number	Leave Blank
Military Retirement and Annuity	Leave Blank	Social Security Number	Leave Blank
Miner's Benefit (Department of Labor)	Leave Blank	Social Security Number	1-or 2-digit number following the Social Security Number
Railroad Retirement/Annuity	1 to 3 letter(s)	Claim number	Single number located to the immediate left of the payment amount
Railroad Unemployment/Sickness	Leave Blank	Social Security Number	Leave Blank
Savings Bond Agency's Fee (Bureau of the Public Debt)	Leave blank	Issuing or paying agency code assigned to the financial institution	Leave blank
Series H/HH Savings Bond Interest Payments (Bureau of the Public Debt)	Leave Blank	Social Security Number	Leave Blank
<b>Social Security</b>	<b>Leave blank</b>	<b>Social Security Number</b>	<b>1 or 2 characters</b>
Supplemental Security Income	Leave Blank	Social Security Number	Leave Blank
Veterans Compensation, Pension or Education (MGIB)	Leave Blank	8-digit number or 9-digit Social Security Number	Always a 2-digit number
Veterans Life Insurance	1 to 2 letters	4-to 8-digit number	None or a 2-digit number

## Depositor Account Number (Box E)

- If account numbers are not used, then insert name or other identification in the box.
- Use only letters of the alphabet, digits 0-9, and dashes (hyphens).
- Use up to 17 characters.

## Type of Payment (Box F)

The appropriate box should be checked.

If the payment type is not included in the list, then check “Other” and enter the payment type in the blank.

For military payments, enter the name of the military branch in the blank next to the payment type checked.

## Payee/Joint Payee Certification

IF...	THEN...
there is only one payee, who could be a representative payee*	only his/her signature is required.
joint payees complete the form	both must sign the form.
the payee's signature is made by a mark “X”	it must be witnessed by two persons who sign and date the form.

\* See Glossary, Chapter 9

## Joint Account Holders' Certification (optional)

Federal agencies do not require signatures in this block; however, some financial institutions do.

If the signature is made by a mark “X”, it must be witnessed by two persons who sign and date the form.

### When Using Witnesses

When witnesses are used, they should sign to the right of the mark “X”, and print the word “Witness” above their signature.

### Power-of-Attorney

A person appointed as a power-of-attorney by the court cannot sign the SF 1199A for the payee. The SF 1199A is, in effect, a power-of-attorney and one power-of-attorney cannot execute a second power-of-attorney. The SF 1199A can only be signed by the designated recipient or a representative payee.

Questions regarding this item should be directed to the appropriate Federal agency.

### **Section 2 - To Be Completed by the Payee or the Financial Institution**

The financial institution should verify that the name and address of the Federal agency that authorized the payment is used.

For a listing of addresses, refer to Chapter 8, *Contacts*.

**Note:** Do not send enrollment forms to the Financial Management Service (FMS). The FMS does not process enrollment forms except for its own employees.



### **Section 3 - To Be Completed by the Financial Institution**

ENTER the...

- financial institution's name and address
- financial institution's Routing Number
- depositor's account title  
(This title must include the name of the person authorized to receive the payment.)
- financial institution representative's name, signature, telephone number, and current date.

#### What Actions Should Take Place Before Filing the SF 1199A?

This checklist can be used to verify that all information entered on the enrollment form is complete and accurate.

#### **Verify**

**CHECK** ✓

**Name of person(s) entitled to payment\***

Claim or payroll ID number.

Refer to CLAIM OR PAYROLL ID NUMBER\*

Type of depositor account

Depositor account number

Type of payment

Proper signatures

*continued next page >*

**Note:** Make sure the Federal agency that authorizes the payment is entered, not the Financial Management Service. The Financial Management Service does not process enrollment forms, except for its own employees.



## Verify

CHECK ✓

**Federal agency name and address\***

Name and address of financial institution

Routing Number and check digit

**Depositor account title\***

Make sure it includes the name of the person  
authorized to receive the payment

**Note:** Items marked with an asterisk (\*) are where most errors occur.

**Important Information for New Direct Deposit Recipients**

1. The financial institution should inform the recipient that he/she will continue to receive checks or deposits at his/her current payment address of record until the Direct Deposit enrollment is processed.
2. The financial institution should inform the recipient on how to verify receipt of a Direct Deposit payment.
3. The financial institution should inform the recipient to notify the Federal agency of any address changes after Direct Deposit begins, since important information about the payment will be sent to the individual's home address. Some Federal agencies are required to stop payments if mail to the home address is returned and the recipient or beneficiary cannot be located.
4. The financial institution should inform the recipient that it is important to notify both the Federal agency and the financial institution if the recipient or beneficiary dies or becomes legally incapacitated.
5. The financial institution should inform the recipient that if he/she is changing financial institutions, his/her old account should not be closed until Direct Deposit begins into the new account. Make sure the recipient understands that changing financial institutions requires filling out a new Direct Deposit enrollment.

## How Are Forms Distributed?

### Government Agency Copy

Delivered by the employee to his/her payroll office, or mailed to the Federal agency that authorizes the payment.

DO NOT SEND THE FORM TO THE FINANCIAL MANAGEMENT SERVICE (See Appendix 2 at the end of this chapter for agency addresses and phone numbers.)

### Financial Institution Copy

Held by the financial institution.

There is no official retention period for the SF 1199A. It is recommended that financial institutions retain this form at least until receipt of the first payment.

### Payee(s) Copy

Held by the recipient.

## What to do if Direct Deposit does not begin

Follow these steps if Direct Deposit does not begin within the specified time period.

Step	Action
1	Ask recipient(s) if the enrollment authorization has been revoked. If yes, no further action is required. If no, and Direct Deposit is still desired, go to Step 2.
2	Make a copy of the completed enrollment form from the financial institution's file copy. <b>Note:</b> Verify that all information on the form is correct.
3	Send a copy of the form and a letter stating that the recipient still wants to receive Direct Deposit to the Federal agency that authorizes the payment.
4	Remind recipient(s) that checks will continue to be sent to his/her home address of record until Direct Deposit begins.



**Standard Form 1199A**  
(Rev. June 1987)  
Prescribed by Treasury  
Department  
Treasury Dept. Cir. 1076

FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS, US GOVERNMENT PRINTING OFFICE  
WASHINGTON, DC 20402 STOCK NO. 048-000-00363-0

OMB No. 1510-0007

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

<b>A NAME OF PAYEE</b> <i>(last, first, middle initial)</i>		<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
<b>ADDRESS</b> <i>(street, route, P.O. Box, APO/FPO)</i>		<b>E DEPOSITOR ACCOUNT NUMBER</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>F TYPE OF PAYMENT</b> <i>(Check only one)</i>
<b>TELEPHONE NUMBER</b>		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i>	
<b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b>			
<b>C CLAIM OR PAYROLL ID NUMBER</b>		<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY</b> <i>(if applicable)</i>	
<b>Prefix</b>	<b>Suffix</b>	<b>TYPE</b>	<b>AMOUNT</b>
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> <i>(optional)</i> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
<b>SIGNATURE</b>	<b>DATE</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>SIGNATURE</b>	<b>DATE</b>	<b>SIGNATURE</b>	<b>DATE</b>

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER								CHECK DIGIT
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DEPOSITOR ACCOUNT TITLE									
<p align="center"><b>FINANCIAL INSTITUTION CERTIFICATION</b></p> <p>I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.</p>									
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE					TELEPHONE NUMBER		DATE	

Financial institutions should refer to the GREEN BOOK for further instructions.

**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

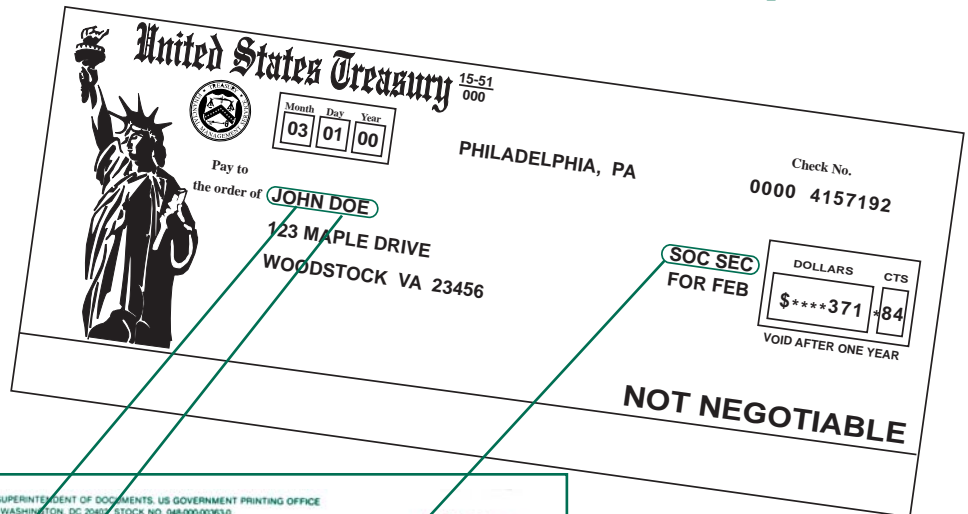
NSN 7540-01-058-0224

1199-204

GOVERNMENT AGENCY COPY



## SF 1199A Examples

Social Security  
AdministrationExample 1:  
Single Payee

Standard Form 1199A  
(Rev. June 1987)  
Prescribed by Treasury  
Department  
Treasury Dept. Cir. 1076

FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS, U.S. GOVERNMENT PRINTING OFFICE  
WASHINGTON, DC 20540 STOCK NO. 048-000-003630

OMB No. 1510-0007

## DIRECT DEPOSIT SIGN-UP FORM

**DIRECTIONS**

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A NAME OF PAYEE (last, first, middle initial)</b> Doe, John		<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input checked="" type="checkbox"/> SAVINGS	
<b>ADDRESS (street, route, P.O. Box, APO/FPO)</b> 123 Maple Drive		<b>E DEPOSITOR ACCOUNT NUMBER</b> 1 2 3 4 5	
<b>CITY</b> Woodstock	<b>STATE</b> VA	<b>ZIP CODE</b> 23456	
<b>TELEPHONE NUMBER</b> AREA CODE (703) 555-1234		<b>F TYPE OF PAYMENT (Check only one)</b>	
<b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b> John Doe		<input checked="" type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension	
<b>C CLAIM OR PAYROLL ID NUMBER</b> Prefix 123-45-6789 A Suffix		<input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Mil. Active <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> Other _____ (specify)	
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</b>	
<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		<b>TYPE</b> <b>AMOUNT</b>	
<b>SIGNATURE</b> <i>John Doe</i>	<b>DATE</b> 3-1-00	<b>SIGNATURE</b>	<b>DATE</b>
<b>SIGNATURE</b>	<b>DATE</b>	<b>SIGNATURE</b>	<b>DATE</b>

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

<b>GOVERNMENT AGENCY NAME</b> Social Security Administration	<b>GOVERNMENT AGENCY ADDRESS</b> Enter the address of the local SSA District Office.
---	---

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

<b>NAME AND ADDRESS OF FINANCIAL INSTITUTION</b> Friendly Financial Institution 100 Main Street Woodstock, Virginia 23456	<b>ROUTING NUMBER</b> 1 2 3 4 5 6 7 8 9	<b>CHECK DIGIT</b> 9
<b>DEPOSITOR ACCOUNT TITLE</b> John Doe		
<b>FINANCIAL INSTITUTION CERTIFICATION</b> I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.		
<b>PRINT OR TYPE REPRESENTATIVE'S NAME</b> A. B. Smith	<b>SIGNATURE OF REPRESENTATIVE</b> <i>A. B. Smith</i>	<b>TELEPHONE NUMBER</b> (703) 555-1000
		<b>DATE</b> 3-1-00

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-058-0224

GOVERNMENT AGENCY COPY

1199-204

**Note:**

This example applies to Social Security and Supplemental Security Income payments.

## SF 1199A Examples

## Social Security Administration

Standard Form 1199A  
(Rev. June 1987)  
Prescribed by Treasury  
Department  
Treasury Dept. Cir. 1076

FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS, US GOVERNMENT PRINTING OFFICE  
WASHINGTON, DC 20402 STOCK NO. 548-000-00363-0

OMB No. 1510-0007

## DIRECT DEPOSIT SIGN-UP FORM

**DIRECTIONS**

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<p><b>A</b> NAME OF PAYEE (last, first, middle initial)</p> <p>ADDRESS (street, route, P.O. Box, APO/FPO)</p> <p>CITY STATE ZIP CODE</p> <p>TELEPHONE NUMBER</p> <p>AREA CODE</p> <p><b>B</b> NAME OF PERSON ENTITLED TO PAYMENT</p> <p><b>C</b> CLAIM OR PAYROLL NUMBER</p> <p>Prefix Suffix</p> <p><b>PAYEE/JOINT PAYEE CERTIFICATION</b></p> <p>I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.</p> <p>SIGNATURE DATE</p> <p>SIGNATURE DATE</p>	<p><b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS</p> <p><b>E</b> DEPOSITOR ACCOUNT NUMBER</p> <p><b>F</b> TYPE OF PAYMENT (Check only one)</p> <p><input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay</p> <p><input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active</p> <p><input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire.</p> <p><input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor</p> <p><input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (specify)</p> <p><b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>TYPE</th> <th>AMOUNT</th> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p><b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b></p> <p>I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p> <p>SIGNATURE DATE</p> <p>SIGNATURE DATE</p>	TYPE	AMOUNT		
TYPE	AMOUNT				

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

<p>GOVERNMENT AGENCY NAME</p> <p>Social Security Administration</p>	<p>GOVERNMENT AGENCY ADDRESS</p> <p>Enter the address of the local SSA District Office.</p>
---	---

☒ Social Security  
or  
☒ Supplemental Security Income  
(check appropriate box)

**Example 2: Joint Payees**

- If only one of the joint payees wants Direct Deposit, complete the form as a single payee.
- If joint payees want their individual portion of the benefit deposited in separate accounts, a separate SF 1199A must be filled out for each recipient.

United States Treasury 15-51 000

Month Day Year 03 01 00 PHILADELPHIA, PA

Check No. 0000 4157192

Pay to the order of **JOHN & MARY DOE**

123 MAPLE DRIVE  
WOODSTOCK VA 23456

**SOC SEC FOR FEB**

DOLLARS CTS \$ 371 84

VOID AFTER ONE YEAR

**NOT NEGOTIABLE**

A B F

**Example 3: Representative Payee**

- If more than one beneficiary (child) is named, fill out a separate SF 1199A for each beneficiary.
- Payments for multiple beneficiaries may be deposited into . . .
  - a single checking account; or
  - separate savings accounts (only one savings account for each beneficiary).

United States Treasury 15-51 000

Month Day Year 03 01 00 PHILADELPHIA, PA

Check No. 0000 4157192

Pay to the order of **MARY DOE FOR**  
**DOE CHILDREN**

123 MAPLE DRIVE  
WOODSTOCK VA 23456

**SOC SEC FOR FEB**

DOLLARS CTS \$ 371 84

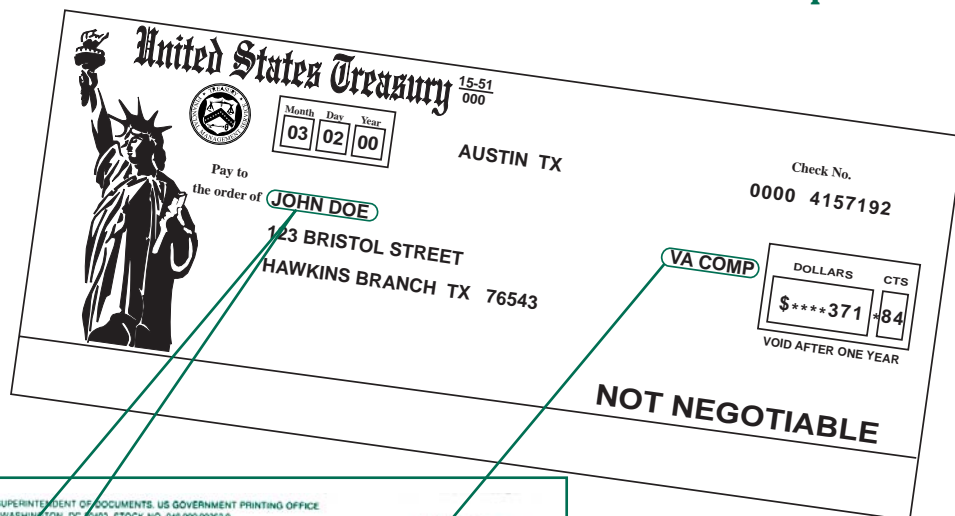
VOID AFTER ONE YEAR

**NOT NEGOTIABLE**

A B F

These examples apply to Social Security and Supplemental Security Income payments.

## SF 1199A Examples

Department of  
Veterans AffairsExample 1:  
Single Payee

Standard Form 1199A  
(Rev. June 1987)  
Prescribed by Treasury  
Department  
Treasury Dept. Cir. 1076

FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS, U.S. GOVERNMENT PRINTING OFFICE  
WASHINGTON, DC 20540 STOCK NO. 048-000-00363-0 OMB No. 1510-0007

## DIRECT DEPOSIT SIGN-UP FORM

**DIRECTIONS**

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A NAME OF PAYEE (last, first, middle initial)</b> Doe, John		<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
<b>ADDRESS (street, route, P.O. box, APO/FPO)</b> 123 Bristol Street		<b>E DEPOSITOR ACCOUNT NUMBER</b> 1 2 3 4 5	
<b>CITY</b> Hawkins Branch	<b>STATE</b> TX	<b>ZIP CODE</b> 76543	
<b>TELEPHONE NUMBER</b> AREA CODE (713) 555-1234		<b>F TYPE OF PAYMENT (Check only one)</b> <input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input checked="" type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (specify)	
<b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b> John Doe		<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</b>	
<b>C CLAIM OR PAYROLL ID NUMBER</b> Prefix 29-693-775 Suffix 00		<b>TYPE</b> <b>AMOUNT</b>	
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
<b>SIGNATURE</b> <i>John Doe</i>	<b>DATE</b> 3-2-00	<b>SIGNATURE</b>	<b>DATE</b>
<b>SIGNATURE</b>	<b>DATE</b>	<b>SIGNATURE</b>	<b>DATE</b>

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

<b>GOVERNMENT AGENCY NAME</b> Department of Veterans Affairs	<b>GOVERNMENT AGENCY ADDRESS</b> Enter the address of appropriate District Office.
---	---

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

<b>NAME AND ADDRESS OF FINANCIAL INSTITUTION</b> Friendly Financial Institution 210 Hampton Street Hawkins Branch, Texas 76543		<b>ROUTING NUMBER</b> 1 2 3 4 5 6 7 8 9	<b>CHECK DIGIT</b> 9
<b>DEPOSITOR ACCOUNT TITLE</b> John Doe			
<b>FINANCIAL INSTITUTION CERTIFICATION</b> I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
<b>PRINT OR TYPE REPRESENTATIVE'S NAME</b> A. B. Smith	<b>SIGNATURE OF REPRESENTATIVE</b> <i>A. B. Smith</i>	<b>TELEPHONE NUMBER</b> (703) 555-1000	<b>DATE</b> 3-2-00

Financial institutions should refer to the GREEN BOOK for further instructions.  
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-058-0224 1199-204

GOVERNMENT AGENCY COPY



## SF 1199A Examples

## Department of Veterans Affairs

Standard Form 1199A  
(Rev. June 1997)  
Prescribed by Treasury  
Department  
Treasury Dept. CK. 1076

FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS, U.S. GOVERNMENT PRINTING OFFICE  
WASHINGTON, DC 20540 STOCK NO. 048-000-0030-0

OMB No. 1510-0007

## DIRECT DEPOSIT SIGN-UP FORM

**DIRECTIONS**

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<p><b>A</b> NAME OF PAYEE (Last, first, middle initial) <b>(A)</b></p> <p>ADDRESS (street, route, P.O. Box, APO/FPO)</p> <p>CITY STATE ZIP CODE</p> <p>TELEPHONE NUMBER</p> <p>AREA CODE</p> <p><b>B</b> NAME OF PERSON ENTITLED TO PAYMENT <b>(B)</b></p> <p><b>C</b> CLAIM OR PAYROLL NUMBER</p> <p>Prefix Suffix</p> <p><b>PAYEE/Joint PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.</p> <p>SIGNATURE DATE</p> <p>SIGNATURE DATE</p>	<p><b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS</p> <p><b>E</b> DEPOSITOR ACCOUNT NUMBER</p> <p><b>F</b> TYPE OF PAYMENT (Check only one)  <input type="checkbox"/> Fed Salary/Mil. Civilian Pay  <input type="checkbox"/> Social Security  <input type="checkbox"/> Supplemental Security Income  <input type="checkbox"/> Railroad Retirement  <input type="checkbox"/> Civil Service Retirement (OPM)  <input checked="" type="checkbox"/> VA Compensation or Pension <b>(F)</b> </p> <p><b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) TYPE AMOUNT</p> <p><b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p> <p>SIGNATURE DATE</p> <p>SIGNATURE DATE</p>
--	--

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME Department of Veterans Affairs	GOVERNMENT AGENCY ADDRESS Enter the address of appropriate District Office.
--	--

☒ VA Compensation or Pension

(check "VA Compensation or Pension" box for Examples 2 and 3)

United States Treasury 15-51 000

Check No. 0000 4157192

AUSTIN, TX

Pay to the order of **ANN SMITH**  
CUSTODIAN OF  
**ROBERT SMITH**  
3442 GRENADA STREET  
GOLD RUSH CA 90246

**VA PENS**

DOLLARS CTS  
\$\*\*\*\*371 +84

VOID AFTER ONE YEAR

**NOT NEGOTIABLE**

**A** **B** **F**

### Example 2: Representative Payee

### Example 3: Representative Payee for children

United States Treasury 15-51 000

Check No. 0000 4157192

AUSTIN, TX

Pay to the order of **MARY DOE**  
CUSTODIAN OF THE  
**CHILDREN OF JOHN DOE**  
1111 FRANKLIN STREET  
QUAKER PA 17765

**VA COMP**

DOLLARS CTS  
\$\*\*\*\*371 +84

VOID AFTER ONE YEAR

**NOT NEGOTIABLE**

**A** **B** **F**

## SF 1199A Examples

## Office of Personnel Management

Example 1:  
Single Payee

United States Treasury

15-51  
000

Check No.  
0000 4157192

SAN FRANCISCO, CA

Month Day Year  
03 03 00

92 CSA ANNUITY

DOLLARS CTS  
\$\*\*\*371 84

VOID AFTER ONE YEAR

Pay to the order of **JOHN DOE**  
1122 SCOTT ROAD  
PAWNEE KS 65432

**NOT NEGOTIABLE**

FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS, U.S. GOVERNMENT PRINTING OFFICE  
WASHINGTON, DC 20540 STOCK NO. 048-000-00363-0

Standard Form 1199A  
(Rev. June 1987)  
Prescribed by Treasury  
Department  
Treasury Dept. Cir. 1076

OMB No. 1510-0007

**DIRECT DEPOSIT SIGN-UP FORM**

- DIRECTIONS**
- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
  - A separate form must be completed for each type of payment to be sent by Direct Deposit.
  - The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
  - Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

**SECTION 1 (TO BE COMPLETED BY PAYEE)**

A NAME OF PAYEE (last, first, middle initial) <b>Doe, John</b>		D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO) <b>1122 Scott Road</b>		E DEPOSITOR ACCOUNT NUMBER <b>1 2 3 4 5</b>	
CITY <b>Pawnee</b>	STATE <b>KS</b>	ZIP CODE <b>65432</b>	
TELEPHONE NUMBER AREA CODE (913) 555-1234		F TYPE OF PAYMENT (Check only one) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input checked="" type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input checked="" type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (specify)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT <b>John Doe</b>		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) TYPE AMOUNT	
C CLAIM OR PAYROLL ID NUMBER CSA 1234567 Prefix Suffix			
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE <i>John Doe</i>	DATE <b>3-3-00</b>	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

**SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)**

GOVERNMENT AGENCY NAME <b>Office of Personnel Management</b>	GOVERNMENT AGENCY ADDRESS <b>P.O. Box 45 Boyers, PA 16017</b>
---	--

**SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)**

NAME AND ADDRESS OF FINANCIAL INSTITUTION <b>Friendly Financial Institution 100 Main Street Pawnee, Kansas 65432</b>		ROUTING NUMBER <b>1 2 3 4 5 6 7 8 9</b>		CHECK DIGIT <b>9</b>
DEPOSITOR ACCOUNT TITLE <b>John Doe</b>				
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
PRINT OR TYPE REPRESENTATIVE'S NAME <b>A. B. Smith</b>	SIGNATURE OF REPRESENTATIVE <i>A. B. Smith</i>	TELEPHONE NUMBER <b>(703) 555-1000</b>	DATE <b>3-3-00</b>	

Financial institutions should refer to the GREEN BOOK for further instructions.  
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-050-0224

GOVERNMENT AGENCY COPY

1199-204

## SF 1199A Examples

## Office of Personnel Management

Standard Form 1199A  
(Rev. June 1997)  
Prescribed by Treasury  
Department  
Treasury Dept. CK. 1076

FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS, US GOVERNMENT PRINTING OFFICE  
WASHINGTON, DC 20402 STOCK NO. 048-000-00363-0

OMB No. 1510-0007

## DIRECT DEPOSIT SIGN-UP FORM

**DIRECTIONS**

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<p><b>A</b> NAME OF PAYEE (Last, first, middle initial) <b>(A)</b></p> <p>ADDRESS (street, route, P.O. Box, APO/FPO)</p> <p>CITY STATE ZIP CODE</p> <p>TELEPHONE NUMBER</p> <p>AREA CODE</p> <p><b>B</b> NAME OF PERSON ENTITLED TO PAYMENT <b>(B)</b></p> <p><b>C</b> CLAIM OR PAYROLL NUMBER</p> <p>Prefix Suffix</p> <p><b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.</p> <p>SIGNATURE DATE</p> <p>SIGNATURE DATE</p>	<p><b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS</p> <p><b>E</b> DEPOSITOR ACCOUNT NUMBER</p> <p><b>F</b> TYPE OF PAYMENT (Check only one)  <input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay  <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active  <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire.  <input checked="" type="checkbox"/> Civil Service Retirement (OPM) <b>(F)</b>  <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (specify)</p> <p><b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</p> <p>TYPE AMOUNT</p> <p><b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p> <p>SIGNATURE DATE</p> <p>SIGNATURE DATE</p>
--	---

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME Office of Personnel Management	GOVERNMENT AGENCY ADDRESS P.O. Box 45 Boyers, PA 16017
--	--

☒ Civil Service Retirement (OPM)

[check "Civil Service Retirement" (OPM) box for Examples 2 and 3]

United States Treasury 15-51 000  
Check No. 0000 4157192  
SAN FRANCISCO, CA

Pay to the order of **AL JONES**  
**FOR 3 DOE CHILDREN**  
798 PENOBSCOT STREET  
BOOTH HARBOR MA 01234

92 (CSF ANNUITY)

DOLLARS CTS  
\$\*\*\*\*371 84

VOID AFTER ONE YEAR

NOT NEGOTIABLE

(A) (B) (F)

### Example 2: Representative Payee

### Example 3: Recipient and children

United States Treasury 15-51 000  
Check No. 0000 4157192  
SAN FRANCISCO, CA

Pay to the order of **MARY DOE AND**  
**FOR 3 DOE CHILDREN**  
2332 WEST STREET  
CUSTER SD 56789

92 (CSF ANNUITY)

DOLLARS CTS  
\$\*\*\*\*371 84

VOID AFTER ONE YEAR

NOT NEGOTIABLE

(A) (B) (F)

## SF 1199A Examples

## Railroad Retirement Board

Standard Form 1199A  
(Rev. June 1987)  
Prescribed by Treasury  
Department  
Treasury Dept. Cir. 1076

FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS, US GOVERNMENT PRINTING OFFICE  
WASHINGTON, DC 20402 STOCK NO. 548-000-0063-0

CMS No. 1510-0007

## DIRECT DEPOSIT SIGN-UP FORM

**DIRECTIONS**

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

**SECTION 1 (TO BE COMPLETED BY PAYEE)**

<p><b>A NAME OF PAYEE</b> (Last, first, middle initial) <b>(A)</b></p> <p>ADDRESS (street, route, P.O. Box, APO/FPO)</p> <p>CITY STATE ZIP CODE</p> <p>TELEPHONE NUMBER AREA CODE</p> <p><b>B NAME OF PERSON ENTITLED TO PAYMENT</b> <b>(B)</b></p> <p><b>C CLAIM OR PAYROLL ID NUMBER</b></p> <p>Prefix Suffix</p> <p><b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.</p> <p>SIGNATURE DATE</p> <p>SIGNATURE DATE</p>	<p><b>D TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS</p> <p><b>E DEPOSITOR ACCOUNT NUMBER</b></p> <p><b>F TYPE OF PAYMENT (Check one)</b> <b>(F)</b></p> <p><input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay  <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active  <input checked="" type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor  <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (specify)</p> <p><b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</b></p> <p>TYPE AMOUNT</p> <p><b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</p> <p>SIGNATURE DATE</p> <p>SIGNATURE DATE</p>
--	--

**SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)**

<p>GOVERNMENT AGENCY NAME Railroad Retirement Board</p>	<p>GOVERNMENT AGENCY ADDRESS Enter the address of the local District Office.</p>
---	--

☒ **Railroad Retirement**

(check "Railroad Retirement" box for Examples 1, 2 & 3)

## Example 1: Annuity Single Payee

United States Treasury 15-51 000  
Month Day Year 03 07 00 PHILADELPHIA, PA Check No. 0000 4157192

Pay to the order of **JOHN DOE**  
123 MAPLE DRIVE  
HUEY AL 35791

92 RR COM BEN  
**(C3)**

DOLLARS CTS  
\$ \*\*\*\*444 44  
VOID AFTER ONE YEAR

RR REG ANN 225.00 RR SUP ANN 112.52 SOC SEC BEN 106.92  
**NOT NEGOTIABLE**

**(A) (B) (C3) (F)**

## Example 3: Unemployment/Sickness

United States Treasury 15-51 000  
Month Day Year 03 07 00 PHILADELPHIA, PA Check No. 0000 4157192

Pay to the order of **MARY DOE**  
2022 EAST STREET  
CUSTER, IL 01223

(RRB) S/BEN  
**(F)**

DOLLARS CTS  
\$ \*\*\*\*400 00  
VOID AFTER ONE YEAR

**NOT NEGOTIABLE**

**(A) (B) (F)**

## Example 2: Annuity Representative Payee

United States Treasury 15-51 000  
Month Day Year 03 07 00 PHILADELPHIA, PA Check No. 0000 4157192

Pay to the order of **ANN SMITH**  
FOR JOHN DOE  
567 STATE STREET  
TRUMAN MO 65432

92 RR REG ANN  
**(C3)**

DOLLARS CTS  
\$ \*\*\*\*371 84  
VOID AFTER ONE YEAR

**NOT NEGOTIABLE**

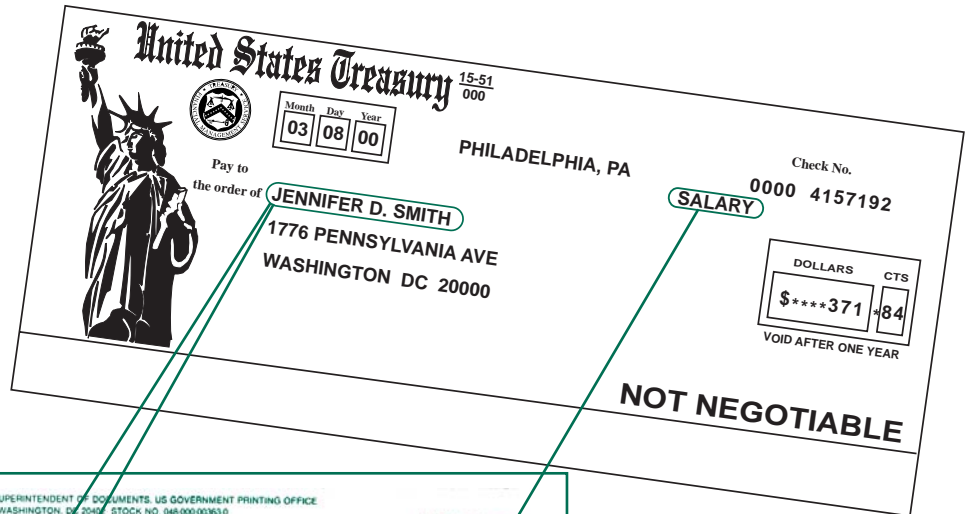
**(A) (B) (C3) (F)**



## SF 1199A Examples

Federal Agencies  
(Federal Salary)

*Example:  
Net Salary*



Standard Form 1199A  
(Rev. June 1987)  
Prescribed by Treasury  
Department  
Treasury Dept. Cir. 1076

FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS, US GOVERNMENT PRINTING OFFICE  
WASHINGTON, DC 20540 STOCK NO. 048-000-00363-0

OMB No. 1510-0007

## DIRECT DEPOSIT SIGN-UP FORM

**DIRECTIONS**

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

**SECTION 1 (TO BE COMPLETED BY PAYEE)**

<b>A NAME OF PAYEE (last, first, middle initial)</b> Smith, Jennifer D.		<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
<b>ADDRESS (street, route, P.O. Box, APO, FPO)</b> 1776 Pennsylvania Avenue		<b>E DEPOSITOR ACCOUNT NUMBER</b> 4 5 6 7 8 - 9	
<b>CITY</b> Washington	<b>STATE</b> DC	<b>ZIP CODE</b> 20000	<b>F TYPE OF PAYMENT (Check only one)</b>
<b>TELEPHONE NUMBER</b> AREA CODE (202) 555-1234		<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension <input checked="" type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Mil. Active <input type="checkbox"/> Mil. Retiree <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> Other (specify)	
<b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b> Jennifer D. Smith			
<b>C CLAIM OR PAYROLL ID NUMBER</b> Prefix 234-56-7890 Suffix		<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</b>	
		TYPE AMOUNT	
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>			
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.			
SIGNATURE Jennifer D. Smith	DATE 3-9-00	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE
<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b>			
I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			

**SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)**

<b>GOVERNMENT AGENCY NAME</b> Enter the agency that authorizes the payment.	<b>GOVERNMENT AGENCY ADDRESS</b> The employee should mail or deliver the completed form to his/her payroll office.
--	---

**SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)**

<b>NAME AND ADDRESS OF FINANCIAL INSTITUTION</b> Friendly Financial Institution 1111 Liberty Lane Washington, DC 20000		<b>ROUTING NUMBER</b> 1 2 3 4 5 6 7 8 9	<b>CHECK DIGIT</b> 9
		<b>DEPOSITOR ACCOUNT TITLE</b> Jennifer D. Smith	
<b>FINANCIAL INSTITUTION CERTIFICATION</b>			
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
<b>PRINT OR TYPE REPRESENTATIVE'S NAME</b> A. B. Smith	<b>SIGNATURE OF REPRESENTATIVE</b> A. B. Smith	<b>TELEPHONE NUMBER</b> (703) 555-1000	<b>DATE</b> 3-9-00

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-058-0224

GOVERNMENT AGENCY COPY

1199-204

**Note:**

*This example also applies to payments by the military to civilian employees.*



## Military Branches

Standard Form 1198A (Rev. Jan 1997)  
Prescribed by Treasury Department  
Treasury Dept. Cir. 1676

FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS, US GOVERNMENT PRINTING OFFICE  
WASHINGTON, DC 20540 STOCK NO. 546838-020-04

CMB No. 1610-0007

### DIRECT DEPOSIT SIGN-UP FORM

**DIRECTIONS**

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.

Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

#### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A NAME OF PAYEE (Last, first, middle initial)</b> ADDRESS (Street, route, P.O. Box, APO/FPO) CITY STATE ZIP CODE TELEPHONE NUMBER AREA CODE	<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <b>E DEPOSITOR ACCOUNT NUMBER</b> <b>F TYPE OF PAYMENT (Check only one)</b> <input type="checkbox"/> Social Security <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Military Retirement <input type="checkbox"/> Civil Service Retirement (DPS) <input type="checkbox"/> Other (Specify)
<b>B NAME OF PERSON ENTITLED TO PAYMENT</b> <b>C CLAIM OR PAYROLL NUMBER</b> Prefix Suffix <b>PAYEE/Joint PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (If applicable)</b> TYPE AMOUNT <b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.
SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE	

#### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME <b>Navy</b>	GOVERNMENT AGENCY ADDRESS <b>See Chapter 8, Contacts.</b>
---------------------------------------	--

## Central Intelligence Agency

Standard Form 1198A (Rev. Jan 1997)  
Prescribed by Treasury Department  
Treasury Dept. Cir. 1676

FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS, US GOVERNMENT PRINTING OFFICE  
WASHINGTON, DC 20540 STOCK NO. 546838-020-04

CMB No. 1610-0007

### DIRECT DEPOSIT SIGN-UP FORM

**DIRECTIONS**

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.

Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

#### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A NAME OF PAYEE (Last, first, middle initial)</b> ADDRESS (Street, route, P.O. Box, APO/FPO) CITY STATE ZIP CODE TELEPHONE NUMBER AREA CODE	<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <b>E DEPOSITOR ACCOUNT NUMBER</b> <b>F TYPE OF PAYMENT (Check only one)</b> <input type="checkbox"/> Social Security <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Military Retirement <input type="checkbox"/> Civil Service Retirement (DPS) <input type="checkbox"/> Other (Specify)
<b>B NAME OF PERSON ENTITLED TO PAYMENT</b> <b>C CLAIM OR PAYROLL NUMBER</b> Prefix Suffix <b>PAYEE/Joint PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (If applicable)</b> TYPE AMOUNT <b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.
SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE	

#### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME <b>Central Intelligence Agency</b>	GOVERNMENT AGENCY ADDRESS <b>Washington, DC 20505 Attn: Compensation Division</b>
--	--

## Example 1: Retirement

United States Treasury 15-51 000 DFAS  
Month Day Year 03 09 00 CLEVELAND, OHIO 0000 4157192

Pay to the order of **SHIRLEY J. ATKINSON**  
1789 CONSTITUTION AVENUE  
ADMIRAL ME 04699

**RET. PAY** DOLLARS CTS  
\$\*\*\*\*100 +00

VOID AFTER ONE YEAR

\*\*\*ONE HUNDRED DOLLARS

NOT NEGOTIABLE

A B

F

(check "Mil. Retire." box and enter "Navy")

## Example 1: Annuity

United States Treasury 15-51 000  
Month Day Year 03 10 00 PHILADELPHIA, PA 0000 4157192

Pay to the order of **WILLIAM R. MCDERMOTT**

**CIARDS** DOLLARS CTS  
\$\*\*\*\*371 +84

VOID AFTER ONE YEAR

NOT NEGOTIABLE

A B

F

(check "Other" box and enter "CIA Annuity")

## Example 2: Annuity

United States Treasury 15-51 000 DFAS  
Month Day Year 03 09 00 KANSAS CITY, MO 0000 4157192

Pay to the order of **CAROL A. SELLERS**  
35629 EAST 57th STREET  
DALLAS TX 75002

**ANNUITY** DOLLARS CTS  
RSE/SBP \$\*\*\*\*600 +00

VOID AFTER ONE YEAR

\*\*\*SIX HUNDRED DOLLARS

NOT NEGOTIABLE

A B

F

(check "Mil. Survivor" box and enter "Marine Corps")

## Department of Labor

FOR SALE BY THE SUPERINTENDENT OF DOCUMENTS, U.S. GOVERNMENT PRINTING OFFICE  
WASHINGTON, DC 20540 STOCK NO. 348-330-0002 CMB No. 1010-0007

Standard Form 1388A  
(Rev. June 1987)  
Prescribed by Treasury  
Department  
Treasury Dept. Cir. 1515

## DIRECT DEPOSIT SIGN-UP FORM

**DIRECTIONS**

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

**SECTION 1 (TO BE COMPLETED BY PAYEE)**

<b>A</b> NAME OF PAYEE (last, first, middle initial) ADDRESS (street, route, P.O. Box, APO/FPO) CITY STATE ZIP CODE TELEPHONE NUMBER AREA CODE	<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <b>E</b> DEPOSITOR ACCOUNT NUMBER
<b>B</b> NAME OF PERSON ENTITLED TO PAYMENT	<b>F</b> TYPE OF PAYMENT (Check only one) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Annuity <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Pension <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (Specify)
<b>C</b> CLAIM OR PAYROLL NUMBER Prefix Suffix	<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) TYPE AMOUNT

**PAYEE/Joint PAYEE CERTIFICATION**  
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

**JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)**  
I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE DATE SIGNATURE DATE  
SIGNATURE DATE SIGNATURE DATE

**SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)**

GOVERNMENT AGENCY NAME Department of Labor	GOVERNMENT AGENCY ADDRESS Enter the address of the appropriate District Office.
---	--

**SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)**

## Example 1: Black Lung, Single Payee

United States Treasury 15-51 000  
Month Day Year 03 10 00 PHILADELPHIA, PA 3007 20238225  
Check No. 0000010460 16010005  
Pay to the order of JANE DOE  
123 MAPLE DRIVE  
WOODSTOCK VA 23456  
MI DOL DCMWC  
DOLLARS CTS \$\*\*\*\*344 -80  
VOID AFTER ONE YEAR  
COAL MINE DISABILITY BENEFIT - 04/90  
NOT NEGOTIABLE

A B

F

(check "Other" box and enter "DOL, Black Lung")

## Example 3: Federal Employee Workmen's Compensation

United States Treasury 15-51 000  
Month Day Year 03 10 00 PHILADELPHIA, PA 3007 20190031  
Check No. 0001LS272 16150003  
Pay to the order of JOHN DOE  
123 MAPLE DRIVE  
WOODSTOCK VA 23456  
MI OXCP ACPS  
X1234567  
DOLLARS CTS \$\*\*\*\*86 -20  
VOID AFTER ONE YEAR  
COMPENSATION FROM 07/01/90 TO 03/15/90  
NOT NEGOTIABLE

C2

A B

F

(check "Other" box and enter "Fed. Emp. Comp.")

## Example 2: Black Lung, Representative Payee

United States Treasury 15-51 000  
Month Day Year 03 10 00 PHILADELPHIA, PA 3007 20238225  
Check No. 0000010460 16010005  
Pay to the order of MARY DOE  
OBO JOHN DOE  
123 MAPLE DRIVE  
WOODSTOCK VA 23456  
MI DOL DCMWC  
DOLLARS CTS \$\*\*\*\*344 -80  
VOID AFTER ONE YEAR  
COAL MINE DISABILITY BENEFIT - 04/90  
NOT NEGOTIABLE

A B

F

(check "Other" box and enter "DOL, Black Lung")

## Example 4: Longshoremen Workers' Compensation

United States Treasury 15-51 000  
Month Day Year 03 10 00 PHILADELPHIA, PA 3007 20190031  
Check No. 0001LS272 16150003  
Pay to the order of JOHN DOE  
42 MI LABOR ESA  
1112 SCOTT ROAD  
PAWNEE KS 65432  
LONGSHORE SPECIAL FUND PAY SEC OBF  
02-123456  
DOLLARS CTS \$\*\*\*\*540 -00  
VOID AFTER ONE YEAR  
NOT NEGOTIABLE

C2

A B

F

(check "Other" box and enter "Longshore")

## E. Federal Financial EDI (FEDI) Payments/Vendor Payments

### Overview

Federal payments made using Financial EDI or FEDI refers to the electronic transfer of funds and payment-related information. The Federal government uses FEDI for payments it makes to businesses, which provide goods and services to Federal agencies, and other payment recipients, such as State/local governments and educational institutions.

Provisions of the Debt Collection Improvement Act of 1996 require that the majority of Federal payments be made by EFT. These payments include corporate payments to companies providing goods or services to the Federal government. This requirement impacts every Federal government vendor regardless of the size of the company or the goods or services provided.

The Federal government currently uses the two NACHA corporate payment formats for vendor payments. These formats are:

- **CCD+** for single invoice payments. Contains one 80-character addenda record for transmitting the invoice information.
- **CTX** for single or multiple payments. Allows for 9,999 addenda records for the consolidation of multiple invoices in one payment.

### Delivery of Remittance (Addenda) Information

The NACHA Operating Rules address the delivery of remittance information contained in the addenda record. At the recipient's request, financial institutions must provide the remittance information by the opening of business on the second banking day following the settlement date of the entry. This impacts all financial institutions processing ACH payments. The remittance information may be provided via a paper report, fax, e-mail, electronic transmission, or any other means negotiated between the recipient and the financial institution.

To perform this key role, it is imperative that the financial institution work closely with its corporate customers who may have business relationships with the Federal government. The following issues should be discussed with your corporate customers:

- How to deliver the remittance information to the customer
- When to deliver the remittance information to the customer
- What specific information to provide to the customer
- What fees, if any, are associated with this service.

## Enrollment

The ACH Vendor/Miscellaneous Payment Enrollment Form (SF 3881) is an optional three-part form that Federal agencies may use to enroll their vendors in the FEDI program (similar agency-specific forms or abbreviated check insert forms are also used). Federal agencies will stock the form and provide the form to vendors to initiate the enrollment process. Federal agencies will also discuss with the vendor the ACH payment format (CCD+ or CTX) to be used to transmit the payment. Also, the Federal agency and the vendor will determine the remittance information (e.g., invoice number, discount terms) to be included in the addenda record.

The ACH Vendor/Miscellaneous Payment Enrollment Form (SF 3881) is available for download at [www.fms.treas.gov/eft](http://www.fms.treas.gov/eft) under “Vendor Information.”

## Enrollment Checklist

The table below is a checklist to assist the financial institution in enrolling the vendor in the FEDI program.

### Action

**CHECK** ✓

---

Verify that the ACH format selected in the Agency Information section on the SF 3881 can be accepted and processed by the financial institution.

---

Agree on HOW and WHEN remittance information (e.g., invoice number) provided by the Federal agency in the addenda record will be passed to the vendor once it is received by the financial institution.

**Note:** *The agreement is reached by analyzing recipient requirements and comparing those requirements against the level of support the institution can provide.*

---

Provide an example of how the addenda information will appear; or,

Explain what type(s) of information to look for when the addenda information is received.

**Note:** *The vendor must be able to understand the information to properly identify the payment.*

---

Complete the Financial Institution Information section of the SF 3881.

---

## How to Complete the SF 3881

### *Agency Information*

The Agency Information section of the form is completed by the Federal agency.

### *Payee/Company Information*

The Payee/Company Information section of the form is completed by the vendor or the financial institution, as appropriate.

### *Financial Institution Information*

We suggest that the Financial Institution Information section of the form be completed by the financial institution as follows:

- the name and address of the financial institution
- the name and telephone number of the ACH contact
- the Routing Number used to receive ACH payments
- the depositor account title
- the depositor account number, lockbox number (if applicable)
- an “X” in the appropriate type of account box
- the signature, title, and telephone number of the financial institution representative

### *Form Distribution*

**The vendor will return the original SF 3881 to the Federal agency.** The financial institution and the vendor each keep one copy of the form.



## Sample SF 3881, Front

<b>ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM</b>		OMB No. 1510-0066 Expiration Date 01/31/2000
<p>This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.</p>		
<b>PRIVACY ACT STATEMENT</b>		
<p>The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.</p>		
<b>AGENCY INFORMATION</b>		
FEDERAL PROGRAM AGENCY		
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT: <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX
ADDRESS:		
CONTACT PERSON NAME:		TELEPHONE NUMBER: (       )
ADDITIONAL INFORMATION:		
<b>PAYEE/COMPANY INFORMATION</b>		
NAME		SSN NO. OR TAXPAYER ID NO.
ADDRESS		
CONTACT PERSON NAME:		TELEPHONE NUMBER: (       )
<b>FINANCIAL INSTITUTION INFORMATION</b>		
NAME:		
ADDRESS:		
ACH COORDINATOR NAME:		TELEPHONE NUMBER: (       )
NINE-DIGIT ROUTING TRANSIT NUMBER: _ _ _ _ _		
DEPOSITOR ACCOUNT TITLE:		
DEPOSITOR ACCOUNT NUMBER:		LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX		
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)		TELEPHONE NUMBER: (       )
<small>NSN 7540-01-274-9925      3881-103      SF 3881 (Rev 12/90)</small> <b>FINANCIAL INSTITUTION COPY</b> <small>Prescribed by Department of Treasury 31 U.S.C. 3322; 31 CFR 210</small>		

## Pointers for Completing SF 3881 Form

To answer the questions that vendors and agencies have raised when completing the vendor enrollment form and prevent some of the mistakes that have occurred, the FMS presents these additional pointers:

- The Federal Agency initiates the SF 3881 form to enroll its vendors to receive payment by electronic funds transfer.
- A vendor must complete a separate enrollment form (SF 3881) for each agency with which it does business.
- In the Agency Information Section, the term “AGENCY IDENTIFIER” means the acronym by which the agency is known. For example, the “AGENCY IDENTIFIER” for the Financial Management Service is FMS.
- In the Payee/Company Information Section, it should be noted that the “TAXPAYER ID NO.” may be used by the government to collect and report on any delinquent amounts arising out of the offerer’s relationship with the government (31 U.S.C. 7701 (c) (3)).
- The financial institution and the vendor should each keep a copy of the completed form.
- The vendor should return the completed SF 3881 to the agency that initiated the form.

## Sample SF 3881, back

**Instructions for Completing SF 3881 Form**

1. **Agency Information Section** - Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. **Payee/Company Information Section** - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. **Financial Institution Information Section** - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

**Burden Estimate Statement**

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.



## F. Automated Standard Application for Payments (ASAP)

### General Information

The Automated Standard Application for Payments (ASAP) system is a recipient-initiated payment and information system, designed to provide a single point of contact for the request and delivery of Federal funds. ASAP provides timely delivery of Federal funds to coincide with the outlays of recipient organizations to meet program needs.

A payment requestor in ASAP is an organization authorized to draw Federal funds for use by one or more recipient organizations. In some instances a recipient organization has the authority to draw its own Federal funds, in which case that organization is both a payment requestor and a recipient organization in ASAP.

Federal agencies, payment requestors, and recipient organizations enroll one time to use ASAP. Federal agencies establish and maintain accounts in ASAP to control the flow of funds to recipient organizations. Payment requestors initiate payment requests via ASAP to meet the cash needs of recipient organizations. Approved requests are paid either the same day via the Federal Reserve's Fedwire System or on a date up to 32 days from the request date via the Federal Reserve's Automated Clearing House (ACH) system.

ASAP payments made through ACH use the CTX format. The CTX allows payment requestor/recipient organizations to receive a single payment for multiple requests for funds against various ASAP accounts.

### Financial Institution Role

The financial institution plays a key role in the ASAP program by providing the financial institution link between ASAP and the payment requestor/recipient organization. Financial institutions must provide the payment related information contained in the addenda to the recipient organization in compliance with NACHA Operating Rules. It is important that the financial institution work closely with the payment requestor/recipient organization.

The ASAP Payment Requestor Bank Information Form is used to specify the financial institution and account number to which ASAP payments are to be directed. The customer may request the financial institution to verify banking information, including the ABA and Account number. Upon receipt of the form, the Government Disbursing Office will only issue a prenote prior to processing any drawdown requests. For more information, please contact the FMS Customer Assistance Staff (See Chapter 8, Contacts).

## G. Termination of Enrollment

The ACH enrollment authorization may be revoked by the recipient or, under certain circumstances, by the financial institution.

## Termination by the Recipient

The recipient may revoke the enrollment authorization at any time by notifying the Federal agency, or by authorizing a new enrollment with another financial institution.

Social Security or Supplemental Security Income recipients should call **1 (800) SSA-1213** or write their local Social Security District Office to revoke the enrollment authorization.

Railroad Retirement Board annuitants may either write or call the local Railroad Retirement Board Field Office to revoke the enrollment authorization.

Series H/HH savings bond owners who are required to receive interest payments by Direct Deposit may revoke the enrollment authorization. However, this will result in suspension of payments. Payments will resume when the recipient authorizes a new enrollment.

OPM Annuitants may either write or call **1 (888) 767-6738** to revoke the enrollment authorization. They may also visit [www.opm.gov/retire](http://www.opm.gov/retire) to terminate and make changes on-line.

The enrollment authorization will be terminated due to the recipient's or beneficiary's death or legal incapacity.

## Courtesy Notice

The recipient or beneficiary is not required to inform the financial institution if he/she revokes or transfers his/her enrollment authorization. As a courtesy, the recipient should be encouraged to inform the financial institution of any changes.

## Termination by the Financial Institution

Financial institutions may close an account to which benefit payments are currently being sent thereby revoking the enrollment authorization by providing a 30-day written notice to the recipient prior to closing the account. In cases involving fraud, accounts may be closed immediately. The financial institution cannot revoke the enrollment authorization by notifying the Federal agency and not the recipient.

The 30-day written notice should remind the recipient to make other arrangements for the handling of his/her payments. The financial institution must credit to the recipient's account any payments received during the 30-day notice period. The financial institution must also immediately return to the Federal government all payments received after the 30-day notice period. A financial institution that closes the account without properly terminating the enrollment must make the funds available to the recipient until proper notice is provided.

## Recipient Notice to the Federal Agency

The recipient or beneficiary must immediately advise the Federal agency if the enrollment authorization is revoked by the financial institution.



# QuickStart<sup>TM</sup> ENROLLMENTS

Use this desktop guide in conjunction with the QuickStart<sup>TM</sup> Enrollment Kit to enroll recipients of Federal benefit payments for Direct Deposit. It can be used for the following payments: Social Security; Supplemental Security Income; Railroad Retirement annuity and unemployment/sickness benefits; Veterans Affairs compensation and pension, education MGIB, education/selected reserve, life insurance and vocational rehabilitation and employment benefits; and Civil Service retirement and survivor annuity. QuickStart<sup>TM</sup> is an enhancement to the Direct Deposit Program.

**NOTE: This pamphlet contains updated and revised materials not in the QuickStart<sup>TM</sup> Enrollment Kit. Please read carefully.**

## QuickStart<sup>TM</sup> Service

QuickStart<sup>TM</sup> is an enrollment process that allows depository financial institutions to use the Automated Clearing House network to transmit Direct Deposit enrollment information to Federal agencies.

With the QuickStart<sup>TM</sup> service, enrollment to begin Direct Deposit payments is fast. **Generally**, to receive the next month's payment by Direct Deposit, the enrollment should be transmitted as follows:

Type of Benefit Payment	Transmitted by:
Social Security	The <b>15th</b> of the month
Supplemental Security Income (SSI)	The <b>10th</b> of the month
Veterans compensation and pension	The <b>10th</b> of the month
Veterans Education MGIB	Anytime of the month
Veterans Education/Selected Reserve*	Anytime of the month
Veterans Life Insurance	Anytime of the month
Veterans Vocational Rehabilitation and Employment Benefits*	The <b>15th</b> of the month
Civil Service retirement annuity and survivor annuity	The <b>15th</b> of the month
Railroad Retirement annuity	The <b>15th</b> of the month
Railroad Retirement unemployment/sickness	Anytime of the month

*\*New QuickStart<sup>TM</sup> Applications*

A unique Standard Entry Class Code, Automated Enrollment (ENR), was created to accommodate these transactions. It can be used for first-time enrollments at your financial institution, but it is **not to be used** for changes to existing enrollments. The ENR Standard Entry Class is a non-dollar transaction. It must contain at least one addenda record, and may contain as many as 9,999 addenda records. There are two conditions that must exist for multiple addenda to be included with one ENR.

1. All Direct Deposit enrollments must be for the same Federal agency benefit program. For example, do not mix enrollments for Veterans benefits with Social Security benefits.
2. Third-party processors that transmit ENR entries on behalf of financial institutions must make a discrete batch transmission for each financial institution. Addenda records pertaining to one financial institution should not be included under the same ENR entry as addenda records pertaining to another financial institution's Direct Deposit enrollments.

The ENR is to be used for enrolling payment recipients in the Direct Deposit Program only. It is **not to be used** in place of the Notification of Change (NOC) process to change the routing or account numbers for existing records. Financial institutions should remind customers of the importance of reporting address changes to the benefit program agency.

## Required Enrollment Information

The following information is required to effect the enrollment of a recipient in Direct Deposit using the Quick\$Start™ enrollment process. This information will be transmitted in the entry detail and the addenda record of an ENR transaction. (See page 3 for the record formats.) This page may be duplicated and used for data collection. DO NOT mail this sheet to the agency.

### Information obtained from the customer (payment recipient) for inclusion in the entry detail record.

**Type of payment:** \_\_\_\_\_

(Social Security; SSI; Veterans compensation and pension, education MGIB, education/selected reserve, life insurance and vocational rehabilitation and employment benefits; Civil Service retirement and survivor annuity; Railroad Retirement annuity and unemployment/sickness)

### Information obtained from the customer (payment recipient) for inclusion in the Addenda record.

**Customer's own social security number (SSN)**

SSN \_\_\_\_-\_\_\_\_-\_\_\_\_

*(Do not include hyphens in the addenda record.)*

The recipient's own SSN may or may not be the SSN on the benefit check. Some individuals are entitled to receive benefits on the account of other individuals or on behalf of beneficiaries incapable of handling their own financial affairs. It is preferred that the customer's (recipient's) own SSN be used in creating the enrollment information. However, the enrollment can be effected if the SSN from the check is used, even if this number is not the customer's.

**Name of the customer (payment recipient)**\_\_\_\_\_  
*Last name (up to 15 positions)*\_\_\_\_\_  
*First name (up to 7 positions)***Representative Payee indication***(See section on Representative Payee, page 4.)*

No \_\_ (0)(Zero) Yes \_\_ (1)

### Information obtained at the financial institution.

**Depository Financial Institution routing number**

RTN \_\_\_\_-\_\_\_\_-\_\_\_\_ Check Digit \_\_\_\_

**Depositor Account Number**\_\_\_\_\_  
*(Up to 17 positions)*Transaction Type: \_\_\_\_\_ **Checking** (Type Code 22) \_\_\_\_\_ **Savings** (Type Code 32)

For questions about submitting ENRs for a specific benefit payment, please call the corresponding Federal program agency:

Federal Agency	Telephone No.
Social Security Administration (for SSA and SSI payments)	(215) 597-1134
Office of Personnel Management	(202) 606-0540
Railroad Retirement Board	(312) 751-4704
Department of Veterans Affairs	(918) 781-7553

## ENR (Automated Enrollment) Entry Detail Record

Field	1	2	3	4	5	6	7	8	9	10	11	12	13
Data Element Name	Record Type Code	Transaction Code	Receiving DFI Identification	Check Digit	DFI Account Number	Amount	Identification Number	No. of Addenda Records	Receiving Company Name/I.D.	Reserved	Discretionary Data	Addenda Record Indicator	Trace Number
Field Inclusion Requirement	M	M	M	M	R	M	O	M	R	N/A	O	M	M
Contents	'6'	(numeric)*			(blanks)	(all zeros)	(blanks)	(numeric)		(blanks)	(blanks)	(numeric)	(numeric)
Length	1	2	8	1	17	10	15	4	16	2	2	1	15
Position	01-01	02-03	04-11	12-12	13-29	30-39	40-54	55-58	59-74	75-76	77-78	79-79	80-94

\*Use either 23 or 33 in Field 2.

Program Payment	Field 3 Receiving DFI Identification	Field 4 Check Digit	Field 9 Receiving Company Name/I.D.
The following program payments are eligible for the QuickStart™ enrollment service	Use the following DFI Identification number for the corresponding program payment	Use the following number for the corresponding program payment	Use the following codes for the corresponding program for which the recipient is enrolling for Direct Deposit
Social Security	65506004	2	SOCIALbSECURITYb
Supplemental Security Income	65506004	2	SUPPBSECURITYbbb
Veterans Compensation and Pension	11173699	1	VAbCOMP/PENSION
Veterans Education MGIB	11173699	1	VAbEDUCATNbMGIB
Veterans Education/Selected Reserve	11173699	1	VAbEDUCbMGIB/SR
Veterans Life Insurance	11173699	1	VAbLIFEbINSUR
Veterans Vocational Rehabilitation and Employment Benefits	11173699	1	VAbVOCbREHABbEMP
Civil Service Retirement/Annuity	11173699	1	CIVILbSERVbCSAbb
Civil Service Survivor/Annuity	11173699	1	CIVILbSERVbCSFbb
Railroad Retirement/Annuity	11173699 (*)	1 (*)	RAILROADbRETbBDb
Railroad Unemployment/Sickness	11173699 (*)	1 (*)	RAILROADbUISlbbb
(*) Denotes a change to the Receiving DFI Identification and the Check Digit for the Railroad Retirement programs from the information published in the QuickStart™ Enrollment Kit.			NOTE: In the codes, the letter "b" indicates a blank space.

## ENR Addenda Record

Field	1	2	3	4	5
Data Element Name	Record Type Code	Addenda Type Code	Payment Related Information	Addenda Sequence Number	Entry Detail Sequence Number
Field Inclusion Requirement	M	M	R	M	M
Contents	'7'	'05'	'22*12200004*3*123987654321*77777777*Doe*John*0\'	(numeric )	(numeric)
Length	1	2	80	4	7
Position	01-01	02-03	04-83	84-87	88-94

Field 3 - Payment Related Information									
The following uses sample information to illustrate the required information to be included in the Addenda record to effect the automated enrollment for Direct Deposit.									
22 = Checking Acct. 32 = Savings Acct.	*	12200004	3	123987654321	77777777	Doe	John	0 = No Rep. Payee 1 = Rep. Payee	\
Transaction Code	Delimiter	Receiver's DFI Routing Number	Check Digit	Receiver's Acct. No. at Financial Institution (Up to 17 positions)	Receiver's Own Social Security No.	Receiver's Surname (Up to 15 pos.)	Receiver's First Name (Up to 7 pos.)	Representative Payee Indicator	Terminator

## Representative Payee

A representative payee is a person or institution that is legally entitled to accept payments on behalf of a beneficiary who has been deemed incapable of handling his/her own financial affairs. The majority of benefit recipients **do not** have representative payees.

In processing an enrollment, it is important for the benefit agency to know that the enrollment originated from the proper authority. In cases where there is a representative payee, a “1” will be entered as the last data element in Field 3 of the addenda. In instances where there is no representative payee, a “0” (zero) will be entered into this position.

The Federal Government requires that the title of accounts receiving Direct Deposit payments bear the name of the payment recipient and the beneficiary. Accounts established for representative payee payments reflect fiduciary interest of the representative payee on behalf of the beneficiary. (Example of an account title: John Doe for Mary Smith.) This same regulation applies to institutional representative payees. **The Department of Veterans Affairs and the Office of Personnel Management do not allow ENR enrollments for representative payees.**

## Return Reason Codes

If it is necessary for a Federal agency to return an ENR entry to the financial institution as unprocessable, one of the following codes will be indicated on the return:

**R40 Non-Participant in ENR Program** — The Federal program agency is not a participant in the ENR automated enrollment program.

**R41 Invalid Transaction Code** — An incorrect or inappropriate transaction code is used in Field 3 of the Addenda record.

**R42 Routing Number/Check Digit Error** — The Routing Number and/or the Check Digit included in Field 3 of the Addenda record is incorrect.

**R43 Invalid DFI Account Number** — The receiver’s account number at the DFI is either missing, exceeds 17 positions, or contains invalid characters.

**R44 Invalid Individual ID Number** — The receiver’s SSN provided in Field 3 of the Addenda record does not match a corresponding SSN in the benefit agency’s records.

**R45 Invalid Individual Name** — The name of the receiver provided in Field 3 of the Addenda record either does not match a corresponding name in the benefit agency’s records or fails to include at least one alphanumeric character.

**R46 Invalid Representative Payee Indicator** — The representative payee indicator code included in Field 3 of the Addenda record has been omitted or it is not consistent with the benefit agency’s records.

**R47 Duplicate Enrollment** — The Federal agency has received duplicate Automated Enrollment entries from the same DFI.

For more complete information concerning return reason codes and their interpretation, refer to the *National Automated Clearing House Association ACH Operating Rules*.

## Information

For inquiries concerning FedLine®, please contact your local Federal Reserve FedLine® Help Desk or ACH Department. For further information on Quick\$tart™ enrollments, please contact:

- Your local Automated Clearing House Association;
- Your local Federal Reserve Bank; or
- The Customer Assistance Staff at one of the following Financial Management Service Regional Financial Centers:

**Austin, TX**  
(512) 342-7300

**San Francisco, CA**  
(415) 817-7300

**Kansas City, MO**  
(816) 414-2100

**Philadelphia, PA**  
(215) 516-8015



## Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this collection is 0960-0564. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.

## Federal Agency Addresses and Phone Numbers

These are the Federal agency addresses where you should send the completed SF 1199A, and/or telephone numbers if you need assistance. If a telephone number is not listed and further assistance is needed, please contact the Financial Management Service Customer Assistance Staff in your region.



**Note:** As with any listing of this type, contact information will frequently change. Should you find out-of-date information, please let us know by e-mail at: [greenbook@fms.treas.gov](mailto:greenbook@fms.treas.gov).

---

### Air Force

#### Active Duty/Reserves

Recipient should deliver the completed SF 1199A to his/her payroll office.

Questions: (303) 676-7213

#### Air National Guard

Recipient should deliver the completed SF 1199A to his/her payroll office.

#### Retirement/Annuity

DFAS-CL

U.S. Military Retirement and Annuitant Pay

1240 E. Ninth Street

Cleveland, Ohio 44199-2055

Retirement/Annuity: 1 (800) 321-1080

Allotments: (216) 522-5553

---

### Army

#### Active Duty/Reserves/National Guard

Recipient must mail or deliver the completed SF 1199A to his/her payroll office.

Questions: (317) 510-2800

#### Retirement/Annuity

DFAS-CL

U.S. Military Retirement and Annuitant Pay

1240 E. Ninth Street

Cleveland, Ohio 44199-2055

Retirement/Annuity: 1 (800) 321-1080

---

<b>Bureau of the Public Debt</b>	<b>Federal Housing Administration Debenture Payments</b> Special Investments Branch P.O. Box 396 Parkersburg, WV 26106-0396 Questions: (304) 480-5299
	<b>Savings Bond Agent's Fee Payments</b> Bureau of the Public Debt Accounts and Reports Section Parkersburg, WV 26106-1328 Questions: 1-800-722-2678
	<b>Series H/HH Savings Bond Interest Payments</b> Bureau of the Public Debt Current Income Bond Branch Parkersburg, WV 26106-1328 Questions: (304) 480-6112
	<b>State and Local Government Payments</b> Bureau of Public Debt State and Local Government Payments Parkersburg, WV 26106-1328 Questions: (304) 480-5299
<b>Central Intelligence Agency</b>	Send completed forms to... Central Intelligence Agency Washington, DC 20505 Attn: Compensation Division Office of Finance
<b>Coast Guard</b>	<b>Active Duty/Reserves</b> Mail or have the recipient deliver the completed SF 1199A form to his/her payroll office.
	<b>Retirement</b> Coast Guard (RPD) Commanding Officer USGC-PPC Pay and Personnel Office 444 SE Quincy Street Topeka, KS 66683

---

Department of Labor	Black Lung	Send all completed SF 1199As to the district offices listed below.
		<p>Questions?  Call toll-free: 1-800-638-7072 or  see the Department of Labor website:  <a href="http://www.dol.gov/esa/regs/compliance/owcp/bltable.htm">www.dol.gov/esa/regs/compliance/owcp/bltable.htm</a>  or contact your district office listed below.</p>
	Johnstown, PA	<p>U.S. Department of Labor  ESA/OWCP/DCMWC  319 Washington Street, 2nd Floor  Johnstown, PA 15901  (800) 347-3754  (814) 533-4323</p>
	Greensburg, PA	<p>U.S. Department of Labor  ESA/OWCP/DCMWC  1225 S. Main Street, Suite 405  Greensburg, PA 15601  (800) 347-3753  (724) 836-7230</p>
	Wilkes-Barre, PA	<p>U.S. Department of Labor  ESA/OWCP/DCMWC  100 N. Wilkes-Barre Blvd.  Room 300 A  Wilkes-Barre, PA 18702  (800) 347-3755  (570) 826-6457</p>
	Charleston, WV	<p>U.S. Department of Labor  ESA/OWCP/DCMWC  Charleston Federal Center, Suite 110  500 Quarrier Street  Charleston, WV 25301  (800) 347-3749  (304) 347-7100</p>
	Parkersburg, WV	<p>U.S. Department of Labor  ESA/OWCP/DCMWC  425 Juliana Street, Suite 3116  Parkersburg, WV 26101  (800) 347-3751  (304) 420-6385</p>

<b>Department of Labor— Black Lung (continued)</b>	Pikeville, K	U.S. Department of Labor ESA/OWCP/DCMWC 164 Main Street, Suite 508 Pikeville, KY 41501 (800) 366-4599 (606) 432-0116
	Mount Sterling, KY	U.S. Department of Labor ESA/OWCP/DCMWC 402 Campbell Way Mount Sterling, KY 40353 (800) 366-4628 (859) 498-9700
	Columbus, OH	U.S. Department of Labor ESA/OWCP/DCMWC 1160 Dublin Road, Suite 300 Columbus, OH 43215 (800) 347-3771 (614) 469-5227
	Denver, CO	U.S. Department of Labor ESA/OWCP/DC 1999 Broadway, Suite 690 P.O. Box 46550 Denver, CO 80201-6550 (800) 366-4612 (720) 264-3100

If the district office is unknown, mail the completed SF 1199A form to:

Department of Labor  
Black Lung Program  
P.O. Box 37227  
Washington, DC 20013

<b>Department of Labor</b>	<b>Federal Employee Workers' Compensation</b>	Send all completed SF 1199As to... U.S. Department of Labor Division of Federal Employees' Compensation Central Mail Room P.O. Box 8300 London, KY 40742
--------------------------------	---	---

Questions? See the Department of Labor website:  
[www.dol.gov/esa/contacts/owcp/fecacont.htm](http://www.dol.gov/esa/contacts/owcp/fecacont.htm) or  
contact your district office listed below.

<b>Department of Labor– FEWC</b> (continued)	BOSTON District 1	For CT, ME, MA, NH, RI, VT (617) 624-6600
	NEW YORK District 2	For NJ, NY, PR, VI (646) 264-3000
	PHILADELPHIA District 3	For DE, PA, WV (215) 861-5481*, 5482 *The Interactive Voice Response System can also be accessed from this number.
	JACKSONVILLE District 6	For AL, FL, GA, KY, MS, NC, SC, TN (904) 357-4777, 4778* *The Interactive Voice Response System can also be accessed from this number.
	CLEVELAND District 9	For IN, MI, OH (216) 357-5100
	CHICAGO District 10	For IL, MN, WI (312) 596-7157* *The Interactive Voice Response System can also be accessed from this number.
	KANSAS CITY District 11	For IA, MO, NE; DOL employees (816) 502-0301
	DENVER District 12	For CO, MT, ND, SD, UT, WY (720) 264-3000* *The Interactive Voice Response System can also be accessed from this number.
	SAN FRANCISCO District 13	For AZ, CA, HI, NV (415) 848-6700
	SEATTLE District 14	For AK, ID, OR, WA (206) 398-8100
	DALLAS District 16	For AR, LA, NM, OK, TX (972) 850-2300
	WASHINGTON, DC, District 25	for DC, MD, VA; outside U.S. and its possessions; special claims (202) 513-6800* *The Interactive Voice Response System can also be accessed from this number.



<b>Department of Labor</b>	<b>Longshore and Harbor Workers' Compensation</b>	Send all completed SF 1199As to... U.S. Department of Labor ESA/OWCP/DLHWC Frances Perkins Building Room C4315 200 Constitution Avenue, NW Washington, DC 20210 Questions: (202) 693-0925
<b>Department of Veterans Affairs</b>		Mail the completed SF 1199A form to the office that maintains the veteran's records.
	ALABAMA	Alabama VA Regional Office 345 Perry Hill Road Montgomery, AL 36104 Questions: 1 (800) 827-1000
	ALASKA	Anchorage VA Regional Office 2925 DeBarr Road Anchorage, AK 99508-2989
	ARIZONA	Arizona VA Regional Office 3225 N. Central Avenue Phoenix, AZ 85012
	ARKANSAS	North Little Rock VA Regional Office Building 65, Fort Roots P.O. Box 1280 North Little Rock, AR 72115
	CALIFORNIA	Los Angeles VA Regional Office Federal Building 11000 Wilshire Boulevard Los Angeles, CA 90024  San Diego VA Regional Office 8810 Rio San Diego Drive San Diego, CA 92108  Oakland VA Regional Office Oakland Federal Building 1301 Clay Street, Room 1300N Oakland, CA 94612

---

<b>Department of Veterans Affairs</b> (continued)	<b>COLORADO</b>	Denver VA Regional Office 155 Van Gordon Street Lakewood, CO 80228
	<b>CONNECTICUT</b>	Hartford VA Regional Office 450 Main Street Hartford, CT 06103
	<b>DELAWARE</b>	Wilmington VA Regional Center 1601 Kirkwood Highway Wilmington, DE 19805
	<b>DISTRICT OF COLUMBIA</b>	Washington DC VA Regional Office 1120 Vermont Avenue, NW Washington, DC 20421
	<b>FLORIDA</b>	St. Petersburg VA Regional Office 9500 Bay Pines Boulevard Bay Pines, FL 33708
	<b>GEORGIA</b>	Atlanta VA Regional Office 1700 Clairmont Road Decatur, GA 30033
	<b>HAWAII</b>	Honolulu VA Regional Office 459 Patterson Road, E-Wing Honolulu, HI 96819-1522
	<b>IDAHO</b>	Boise VA Regional Office 805 W. Franklin Street Boise, ID 83702
	<b>ILLINOIS</b>	Chicago VA Regional Office 536 S. Clark Street Chicago, IL 60605-1523
	<b>INDIANA</b>	Indianapolis VA Regional Office 575 N. Pennsylvania Street Indianapolis, IN 46204 Questions: (317) 226-7860
	<b>IOWA</b>	Des Moines VA Regional Office 210 Walnut Street Des Moines, IA 50309

---

<b>Department of Veterans Affairs</b> (continued)	KANSAS	Wichita VA Regional Center 5500 E. Kellogg Wichita, KS 67211
	KENTUCKY	Louisville VA Regional Office 545 S. Third Street Louisville, KY 40202
	LOUISIANA	New Orleans VA Regional Office 701 Loyola Avenue New Orleans, LA 70113
	MAINE	Togus Center One VA Center Togus, ME 04330
	MARYLAND	Baltimore VA Regional Office Federal Building 31 Hopkins Plaza Baltimore, MD 21201
	MASSACHUSETTS	Boston VA Regional Office John Fitzgerald Kennedy Federal Building Government Center Boston, MA 02114
	MICHIGAN	Detroit VA Regional Office Patrick V. McNamara Federal Building 477 Michigan Avenue Detroit, MI 48226
	MINNESOTA	St. Paul VA Regional Center One Federal Drive, Fort Snelling St. Paul, MN 55111-4050
	MISSISSIPPI	Jackson VA Regional Office 1600 E. Woodrow Wilson Avenue Jackson, MS 39216
	MISSOURI	St. Louis VA Regional Office Federal Building 400 S. 18th Street St. Louis, MO 63103

<b>Department of Veterans Affairs</b> (continued)	MONTANA	Fort Harrison Medical & Regional Center William Street off Highway Fort Harrison, MT 59636
	NEBRASKA	Lincoln VA Regional Office 5631 S. 48th Street Lincoln, NE 68516
	NEVADA	Reno VA Regional Office 1201 Terminal Way Reno, NV 89520
	NEW HAMPSHIRE	Manchester VA Regional Office Norris Cotton Federal Building 275 Chestnut Street Manchester, NH 03101
	NEW JERSEY	New Jersey VA Regional Office 20 Washington Place Newark, NJ 07102
	NEW MEXICO	Albuquerque VA Regional Office Davis Chavez Federal Building 500 Gold Avenue, SW Albuquerque, NM 87102
	NEW YORK	Buffalo VA Regional Office Federal Building 111 W. Huron Street Buffalo, NY 14202
		New York VA Regional Office 245 W. Houston Street New York, NY 10014
	NORTH CAROLINA	Winston-Salem VA Regional Office Federal Building 251 N. Main Street Winston-Salem, NC 27155
	NORTH DAKOTA	Fargo VA Medical/Regional Office Center 2101 Elm Street Fargo, ND 58102 Questions: (701) 232-3241

<b>Department of Veterans Affairs (continued)</b>	<b>OHIO</b>	Cleveland VA Regional Office Anthony J. Celebrezze Federal Building 1240 E. Ninth Street Cleveland, OH 44199
	<b>OKLAHOMA</b>	Muskogee VA Regional Office Federal Building 125 S. Main Street Muskogee, OK 74401
	<b>OREGON</b>	Portland VA Regional Office Federal Building 1220 SW 3rd Avenue Portland, OR 97204 Questions: (503) 326-2511
	<b>PENNSYLVANIA</b>	Philadelphia VA Center 5000 Wissahickon Avenue Philadelphia, PA 19101  Pittsburgh VA Regional Office 1000 Liberty Avenue Pittsburgh, PA 15222
	<b>RHODE ISLAND</b>	Providence VA Regional Office 380 Westminster Mall Providence, RI 02903
	<b>SOUTH CAROLINA</b>	Columbia VA Regional Office 1801 Assembly Street Columbia, SC 29201
	<b>SOUTH DAKOTA</b>	Sioux Falls VA Center P.O. Box 5046, 2501 W. 22nd Street Sioux Falls, SD 57117
	<b>TENNESSEE</b>	Nashville VA Regional Office 110 9th Avenue, South Nashville, TN 37203
	<b>TEXAS</b>	Houston VA Regional Office 6900 Almeda Road Houston, TX 77030

---

<b>Department of Veterans Affairs</b> (continued)	TEXAS	Waco VA Regional Office One Veterans Plaza 701 Clay Avenue Waco, TX 76799
	UTAH	Salt Lake City VA Regional Office 550 Foothill Drive Salt Lake City, UT 84158
	VERMONT	White River Junction VA Medical & Regional Office Center 215 N. Main Street White River Junction, VT 05009
	WASHINGTON	Seattle VA Regional Office Federal Building 915 Second Avenue Seattle, WA 98174
	WEST VIRGINIA	Huntington VA Regional Office 640 Fourth Avenue Huntington, WV 25701
	WISCONSIN	Milwaukee VA Regional Office 5000 W. National Avenue Milwaukee, WI 53295
	WYOMING	Cheyenne VA Medical/Regional Center 2360 E. Pershing Boulevard Cheyenne, WY 82001
	GUAM	Guam Vet Center 222 Chanlan Santo Papast Reflection Center, Suite 102 Agana, GU 96910 Questions: (705) 475-7161
	PHILIPPINES	Manila Regional Office 1131 Roxas Boulevard, Ermita 0930 Manila, PL 96440 Questions: (011) (632) 528-2500
	PUERTO RICO	San Juan VA Center 150 Carlos Chardon Avenue Hato Rey, PR 00918



<b>Department of Veterans Affairs</b> (continued)	<b>VIRGIN ISLANDS</b>	Saint Croix Vet Center Box 12, R.R. 02, Village Mall, #113Affairs Saint Croix, VI 00850 Questions: 1 (809) 778-5553
		Saint Thomas Vet Center Buccaneer Mall Saint Thomas, VI 00801 Questions: 1 (809) 774-6674
<b>Federal Salary</b>	The employee should mail or deliver the completed SF 1199A form to his/her payroll office.	
<b>Marine Corps</b>	<b>Active Duty/Reserves</b>	Director DFAS – Kansas City Center (AF-FA) Kansas City, MO 64197-0001 Questions: (816) 926-7673
	<b>Retirement/Annuity</b>	DFAS-CL U.S. Military Retirement and Annuitant Pay 1240 E. Ninth Street Cleveland, OH 44199-2055 Questions: 1 (800) 321-1080
<b>Navy</b>	<b>Active Duty/Reserves</b>	Mail or have the recipient deliver the completed SF 1199A form to his/her payroll office. Questions: 1 (800) 255-0974
	<b>Retirement/Annuity</b>	DFAS-CL U.S. Military Retirement and Annuitant Pay 1240 E. Ninth Street Cleveland, OH 44199-2055 Questions: 1 (800) 321-1080
<b>Office of Personnel Management</b> (Civil Service Annuity)	Send completed forms to . . . Office of Personnel Management Change-of-Address Section-ROC Retirement and Insurance Group P.O. Box 440 Boyers, PA 16017-0440 Questions: (202) 606-0500	

---

**Railroad  
Retirement  
Board**

Send completed forms to...

- the local Railroad Retirement Board as listed in the telephone directory; or,
- if you cannot obtain the address of the local office, mail to:

U.S. Railroad Retirement Board

P.O. Box 10792

844 N. Rush Street

Chicago, IL 60611

Attn: Direct Deposit Coordinator ORSP

Questions: (312) 751-4500 or (312) 751-4707

---

**Social Security  
Administration**

Send completed form to...

- the local Social Security District Office; or,
- the address Social Security has specified for your financial institution.

# 2 ACH Payment Processing

## Overview

This chapter provides information about how Federal government ACH payments are processed. It also contains valuable information on payment dates and information to assist in identifying Treasury disbursed payments.

## In this Chapter...

<b>A. Financial Organization Master File (FOMF)</b>	<b>2-3</b>
Purpose	2-3
Financial Institution Responsibility	2-3
Changes to Financial Institution Name and Mailing Address	2-3
Changes to Routing Numbers	2-3
New Depository Institutions	2-4
<b>B. Federal Government ACH Processing</b>	<b>2-4</b>
General Flow	2-4
Prenotification	2-4
Payment Formats	2-4
Account Requirements	2-4
Payment Posting	2-5
Availability of Funds	2-5
Electronic Transfer Account (ETA)	2-5
<b>C. Federal ACH Payment Schedule</b>	<b>2-5</b>
<b>D. Identifying Treasury Disbursed Payments</b>	<b>2-6</b>
Regional Financial Center/Routing Number Table	2-7
Consumer Payment Formats	2-8
Standard Entry Class Code	2-8
Payment Types	2-9
Identifying the Paying Agency/Payment Type for Treasury Disbursed Payments	2-9
Identifying the Payee for Treasury Disbursed Payments	2-10

<b>E. Identifying Non-Treasury Disbursed Payments . . . . .</b>	<b>2-11</b>
Identifying the Paying Agency/Payment Type for Non-Treasury Disbursed Payments	2-11
Identifying the Payee for Non-Treasury Disbursed Payments . . . . .	2-12

## A. Financial Organization Master File (FOMF)

The Financial Organization Master File (FOMF) is a Department of the Treasury master list of financial institutions receiving Federal government Automated Clearing House (ACH) payments. It contains Routing Numbers (RTN) and a single financial institution name and mailing address for each RTN.

The FOMF is derived from the Federal Reserve Bank's (FRB's) ACH Customer Directory (ACD), which contains the RTNs and related information of all valid ACH participants. The FOMF is updated on a monthly basis using information from the most current ACD file.

### Purpose

The Financial Management Service (FMS) relies on the FOMF data to validate RTNs used to originate payments and to send financial institutions the following:

- reclamation notices
- trace inquiries
- Green Books
- marketing materials

### Financial Institution Responsibility

#### *Changes to Financial Institution Name and Mailing Address*

Financial institutions are responsible for keeping their name and mailing address for each RTN up to date with the FRB. Any changes to RTN data should be provided to the FRB as soon as possible so that the ACD and FOMF contain current data. If the financial institution fails to notify the FRB, it may be held liable for information (e.g., reclamation notices) mailed to obsolete addresses.

#### *Changes to Routing Numbers*

If a financial institution changes RTNs (e.g., due to merger), it must notify its servicing FRB's ACH Department as soon as possible to have the old RTN updated from the ACD. Updates to the ACD will update the FOMF. Additionally, financial institutions should send a notification of change (NOC) to each originating Federal agency from which it receives payments.

The following steps should be taken in updating RTNs:

- Delete an obsolete RTN only after all activity has been transferred to the surviving RTN.
- Confirm that no activity is being received on the obsolete RTN prior to deletion.
- Allow at least three months after the update to the ACD before deleting an obsolete RTN.

### *New Depository Institutions*

Because the FOMF is updated on a monthly basis, a new depository institution may not be eligible to receive government ACH transactions for up to 30 days after being entered into the Federal Reserve Bank's ACD.

## **B. Federal Government ACH Processing**

### **General Flow**

Federal government ACH payments are initiated by the authorizing Federal agency to a Government Disbursing Office. These include the FMS, Department of Defense Disbursing Offices, and the Bureau of the Public Debt (for *TreasuryDirect* payments). The Federal Reserve is the Federal government's ACH Operator.

### **Prenotification**

The Federal government prenotification process is handled in accordance with NACHA Operating Rules. Social Security originates prenotifications for all new Direct Deposit enrollments.

### **Payment Formats**

Federal government ACH payments are originated in the Prearranged Payment and Deposit (PPD) with or without addenda, Cash Concentration or Disbursement (CCD) with addenda, or Corporate Trade Exchange (CTX) formats. Refer to the NACHA Operating Rules for details on payment record formats.

### **Account Requirements**

All Federal government benefit payment enrollments must be established for an account at the financial institution that is in the name of the recipient or beneficiary with the following exceptions:

- Where a representative payee has been selected.
- Where the payment is to be deposited into an investment account established through a securities broker or dealer registered with the Securities and Exchange Commission, or an investment account established through an investment company registered under the Investment Company Act of 1940 or its transfer agent. The payment may be deposited into an account designated by the broker or dealer, investment company, or transfer agent.
- Where Treasury has granted a waiver.



## Misdirected Payments

On rare occasions, a Federal payment is directed to an account number other than that owned by the entitled payee. These payments may be unpostable, or they may be directed to a valid account owned by someone other than the entitled payee. Financial institutions (FI) may conduct a manual search of their unpostable ACH payments to determine if the payment can be posted. In some cases, the owner of an account to which a Federal payment was erroneously delivered brings the error to the attention of the RDFI. If the payee's account number is different from what is contained in the ACH entry, but the FI can identify the correct receiver, the FI may post the payment to the correct account, as long as there is no change in the title of the account or in the interest of the recipient or beneficiary in the account. The FI does this at its own risk and may be liable to the issuing agency if the FI is incorrect and there is a resulting loss by the agency. If the FI does post the payment to an account other than that identified in the transaction, then an appropriate NOC with the correct account number should be sent to the agency. Please see Chapter 6, NOCs, for more information. Alternatively, the FI may return the payment to the agency with an appropriate reason code, rather than deposit it to an account other than that which it believes to be correct.

If a payment cannot be credited to an account, the payment must be returned. Please see Chapter 4, Returns, for instructions on returning Federal payments.

## Availability of Funds

In accordance with NACHA Operating Rules, consumer payments (i.e., Federal salary and travel payments, benefit payments) must be made available for withdrawal no later than the opening of business on the settlement date (provided the entries are made available to the Receiving Depository Financial Institution (RDFI) by its ACH operator no later than 5:00 p.m. on the banking day prior to the settlement date). Corporate payments (i.e., vendor payments, nonbenefit payments) must be made available for withdrawal on the settlement date.

## Electronic Transfer Account (ETA<sup>SM</sup>)

The ETA is a low-cost account designed by Treasury to provide individuals who receive Federal benefit, wage, salary, or retirement payments the ability to receive their payments electronically. Any individual who receives a Federal benefit, wage, salary, or retirement payment is eligible to open an ETA. Financial institutions that choose to offer ETAs (ETA Providers) will enter into a Financial Agency Agreement with Treasury, outlining the duties of the financial institution.

## C. Federal ACH Payment Schedule

FMS publishes the Federal ACH Payment Schedule annually in NACHA's "ACH Rules: A Complete Guide to Rules and Regulations Governing the ACH Network." This listing provides the actual pay date for recurring Federal payments. This listing is also available for viewing/download on the FMS website: [www.fms.treas.gov/greenbook/achpay.html](http://www.fms.treas.gov/greenbook/achpay.html).

## D. Identifying Treasury Disbursed Payments

Treasury disbursed payments can be identified using information contained in the Company/Batch Header Record. The Regional Financial Center (RFC)/Routing Number Table on pages 2-7 to 2-8 lists the appropriate information for each FMS RFC. You can identify a payment by locating the following information:

### RFC Symbol Number

Field 3, Company Name, of the Company/Batch Header Record

### Routing Number

Field 12, Originating DFI Identification, of the Company/Batch Header Record

### Sample Company/Batch Header Record (with identifying information highlighted)

```
101 111000038 1110360159812151924B094101DALLAS FRB  AUSTIN DISB CTR  FEDSA001
5220DOJ TREAS 220 3111036183CCDMISC PAY 121698981216 2111036183000001
```

**RFC Symbol Number:** 220 (Austin RFC)

**Routing Number:** 111036183 (Vendor/Miscellaneous Payments)



**Note:** A '2' in field 11 of the Company/Batch Header Record identifies the Originator as a Federal government entity or agency.

Questions? Contact the nearest FMS Customer Assistance Staff:

Austin. . . . .	<b>(512) 342-7300</b>
Kansas City . . . . .	<b>(816) 414-2100</b>
Philadelphia. . . . .	<b>(215) 516-8015</b>
San Francisco . . . . .	<b>(415) 817-7300</b>

## Regional Financial Center/Routing Number Table

The table below lists the Routing Numbers for specific payments distributed by the Regional Financial Centers (RFC).

RFC	Symbol	Class of Payment	Routing No.
<b>Austin</b>	220	VA Retro (Adjustment) . . . . .	1110 3619 6
<i>Questions?</i>		VA Benefit . . . . .	1110 3600 2
<i>Contact the Austin</i>		VA EDUCATION CHAPTER 30 . . . . .	1117 3687 8
<i>Customer Assistance</i>		VA EDUC CHAP 1606 . . . . .	1117 3688 1
<i>Staff: (512) 342-7300</i>		VA SPINA BIFIDA/CHAPTER 18 . . . . .	1117 3689 4
		VA Public Law Chapt 31 . . . . .	1117 3690 4
		VA INSURANCE (RESERVED) . . . . .	1117 3691 7
		VA (RESERVED) . . . . .	1117 3692 0
		VA (RESERVED) . . . . .	1117 3693 3
		VA (RESERVED) . . . . .	1117 3694 6
		VA (RESERVED) . . . . .	1117 3695 9
		VA (RESERVED) . . . . .	1117 3696 2
		Federal Salary . . . . .	1110 3601 5
		Travel . . . . .	1110 3601 5
		Vendor/Miscellaneous . . . . .	1110 3618 3
		IRS IMF (Tax) . . . . .	1110 3617 0
<b>Birmingham:</b>	449	Treasury Control System . . . . .	0627 3601 1
<i>Debt Management</i>		(offset payments)	
<i>Operations Center</i>		Vendor/Miscellaneous . . . . .	0627 3601 1
<i>Questions?</i>		Tax Refund . . . . .	0627 3601 1
<i>Contact Birmingham:</i>		OPM Monthly Annually . . . . .	0627 3644 8
<b>(205) 912-6181</b>			
<b>Kansas City</b>	310	SSA PMA (Adjustment) . . . . .	1010 3666 9
<i>Questions?</i>		SSA CMA/Recurring . . . . .	1010 3621 6
<i>Contact the Kansas</i>		SSA CMA/Recurring . . . . .	1017 3614 7
<i>City Customer</i>		Preauthorized Debits . . . . .	1010 3699 9
<i>Assistance Staff:</i>		Prime Pay . . . . .	1010 3677 9
<b>(816) 414-2100</b>		PAD . . . . .	1010 3688 9
		Federal Salary . . . . .	1010 3600 9
		Travel . . . . .	1010 3600 9
		Thrift Savings Plan . . . . .	1010 3600 9
		Annuity . . . . .	1010 3600 9
		Vendor/Miscellaneous . . . . .	1010 3615 1
		IDD . . . . .	1017 3602 4
		SSI Monthly . . . . .	1017 3612 1
		SSI Daily . . . . .	1017 3613 4

## Regional Financial Center/Routing Number Table (cont.)

RFC	Symbol	Class of Payment	Routing No.
<b>Philadelphia</b> <i>Questions?</i> <i>Contact the</i> <i>Philadelphia</i> <i>Customer</i> <i>Assistance Staff:</i> <b>(215) 516-8015</b>	303	SSA PMA (Adjustment) . . . . .	0310 3636 0
		SSA CMA/Recurring . . . . .	0310 3603 0
		SSA CMA/Recurring . . . . .	0317 3601 3
		Federal Salary . . . . .	0310 3600 1
		Travel . . . . .	0310 3600 1
		Vendor/Miscellaneous . . . . .	0310 3621 8
		SSA (CMA Recurring/INT'L) . . . . .	0310 3644 1
		SSA (PMA/INT'L) . . . . .	0310 3645 4
		Branch II Payments . . . . .	0310 3646 7
		SSA/CMA Recurring Cycling . . . . .	0317 3602 6
		SSA/CMA Recurring Cycling . . . . .	0317 3603 9
		SSA/CMA Recurring Cycling . . . . .	0317 3604 2
		RRB Daily (Adjustment) . . . . .	0317 3606 8
		RRB UI SI . . . . .	0317 3606 8
		RRB Monthly . . . . .	0317 3607 1
		BPD Pensions . . . . .	0317 3612 3
<b>San Francisco</b> <i>Questions?</i> <i>Contact the</i> <i>San Francisco</i> <i>Customer Assistance</i> <i>Staff: (415) 817-7300</i>	312	SSA PMA (Adjustment) . . . . .	1210 3609 2
		SSA CMA/Recurring . . . . .	1210 3624 1
		Federal Salary . . . . .	1210 3600 5
		Travel . . . . .	1210 3600 5
		Vendor/Miscellaneous . . . . .	1210 3650 0
		OPM Daily (Adjustment) . . . . .	1217 3614 3
		OPM Monthly . . . . .	1217 3615 6



**Note:** Current Month Accrual (CMA), Prior Month Accrual (PMA)

## Consumer Payment Formats

Consumer payments are designated for deposit into an individual's account. They are identified by the Standard Entry Class Code (SEC) which is found in the Company/Batch Header Record (Field 6) of the payment file data.

## Standard Entry Class Code

The Prearranged Payment and Deposit (PPD) is the SEC code used for identifying Federal agency consumer payments. The payment entries may be accompanied by a PPD addenda record (PPD+) which further identifies the reason for the payment.

## Payment Types

Types of payments that fall into the PPD category include the following:

- benefit
- annuity
- travel
- salary
- allotment
- IRS tax refund
- Public Debt payments.

## Identifying the Paying Agency/Payment Type for Treasury Disbursed Payments

Field 7 “Company Entry Description” (Company/Batch Header Record)

Paying Agency/Payment Type	Field 7 Contents
<b>Bureau of the Public Debt/TreasuryDirect</b>	
Federal Housing Administration Debenture Payments . . . . .	FHA/HUD_ _ _
Marketable Securities (Bills, Notes, and Bonds) . . . . .	PAR_AMOUNT PAR_&_INT_ INTEREST_ _ _ REFUND_ _ _ _
Savings Bond Agent’s Fee Payments . . . . .	AGENT_FEES
Series H/HH Savings Bond Interest Payments . . . . .	H/HH_INTST
State and Local Government Series Security Payments . . . . .	SLG_PAYMNT
<b>Central Intelligence Agency</b>	
CIA Annuity . . . . .	CIARDSANNU
<b>Department of Veterans Affairs</b>	
Compensation and Pension . . . . .	VA_BENEFIT
<b>Federal Salary</b> . . . . .	FED_SALARY
<b>Federal Travel Payments</b> . . . . .	FED_TRAVEL
<b>Office of Personnel Management</b>	
Civil Service Retirement (Annuity) . . . . .	CIVIL_SERV
<b>Railroad Retirement Board</b>	
Railroad Retirement/Annuity . . . . .	RR_RET_ _ _ _
Railroad Unemployment/Sickness . . . . .	RR_UISI
<b>Social Security Administration</b>	
Social Security . . . . .	SOC_SEC_ _ _
Supplemental Security Income . . . . .	SUPP_SEC_ _ _

## Identifying the Payee for Treasury Disbursed Payments

Field 7 Contents (Entry Detail Record)

IF the payment type is...	THEN Field 7 (Individual ID field) contents identify the payee by...
<b>Bureau of the Public Debt/TreasuryDirect</b>	
Marketable Securities (Bills, Notes, and Bonds) . . . . .	Account Number
<b>Central Intelligence Agency</b>	
CIA Annuity . . . . .	Individual's SSN Positions 1-6 of the agency location code
<b>Federal Salary</b> . . . . .	Individual's SSN or Employee's Identification Number and agency location code
<b>Federal Travel</b> . . . . .	Individual's SSN or Employee's Identification Number and agency location code
<b>Office of Personnel Management</b>	
Civil Service Retirement (Annuity) . . . . .	File Type = A or F Blank Claim Number Claim Number Suffix Type of Payment
<b>Railroad Retirement Board</b>	
Railroad Retirement/Annuity . . . . .	Beneficiary Symbol Beneficiary Prefix Claim Number Blank Payee Code
Railroad Unemployment/Sickness . . . . .	Social Security Number
<b>Social Security Administration</b>	
Social Security . . . . .	Claim Number
Supplemental Security Income . . . . .	Claim Number
<b>Department of Veterans Affairs</b>	
VA Compensation and Pension . . . . .	Claim Number Payee Code
<b>Department of Labor</b>	
Miners Benefit/Black Lung . . . . .	Type of Payment



## E. Identifying Non-Treasury Disbursed Payments

### Identifying the Paying Agency/Payment Type for Non-Treasury Disbursed Payments

Field 7 “Company Entry Description” (Company/Batch Header Record)

Paying Agency/Payment Type	Field 7 Contents
----------------------------	------------------

#### Air Force

Active Duty . . . . .	AF_PAY_J_ _
Active Duty Allotments . . . . .	AF_MP_ALLT
Annuity . . . . .	AF_RET_PAY
Retirement. . . . .	AF_RET_PAY
Retirement Pay Allotments. . . . .	AF_RP_ALLT

#### Army

Active Duty . . . . .	ARMYACTIVE
Annuity . . . . .	ARMY_BEN_ _
Reserve. . . . .	ARMY_RC_ _
Retirement. . . . .	ARMY_RET_ _

#### Marine Corps

Active Duty . . . . .	Mar_Active
Active Duty Allotments . . . . .	MCACTALLOT
Annuity . . . . .	MarCorAnn_
Retirement. . . . .	MarCorRet_
Retirement Pay Allotments. . . . .	MCRETALLOT
Reserve. . . . .	MarCorRes_

#### Navy

Active Duty . . . . .	NAVY_ACT_ _
Active Duty Allotments . . . . .	NAVY_ALT_ _
Annuity . . . . .	NAVY_ANN_ _
Retirement. . . . .	NAVY_RET_ _
Retirement Pay Allotments. . . . .	NAVY_RPA_ _
Reserve Drill Pay . . . . .	NAVY_RDP_ _

## Identifying the Payee for Non-Treasury Disbursed Payments

IF the payment type is...	THEN Field 7 contents identify the payee by...
<b>Air Force</b>	
Active Duty	Individual's SSN
Active Duty Allotment	
Annuity	
Reserve	
Retirement	
Retirement Pay Allotment	
<b>Army</b>	
Active Duty	Individual's SSN
Annuity	
Reserve	
Retirement	
<b>Marine Corps</b>	
Active Duty	Letters "KR"
Active Duty Allotment	Individual's SSN
Annuity	
Retirement	
Retirement Pay Allotment	
Reserve	
<b>Navy</b>	
Active Duty	Individual's SSN
Active Duty Allotment	
Annuity	
Retirement	
Retirement Pay Allotment	
Reserve	

# 3 Nonreceipt

## Overview

This section contains instructions on what to do when a recipient advises the financial institution that an expected Direct Deposit payment has not been credited to an account.

## In this Chapter ...

<b>A. Common Causes for Unnecessary Nonreceipt Claims</b>	<b>3-2</b>
Memo Posting	3-2
Early Posting	3-2
Other Causes	3-2
RDFI Liability for Federal Government ACH Payments	3-3
RDFI Liability for Automated Enrollments (ENRs) and Notifications of Change (NOCs)	3-3
<b>B. Recipient Nonreceipt Inquiry to Financial Institution</b>	<b>3-3</b>
Attempts to Locate the Payment(s)	3-4
Beginning the Nonreceipt Process	3-5
<b>C. Nonreceipt Process</b>	<b>3-5</b>
Payment Trace Requests: Manual Nonreceipt Claims Process	3-5
Nonreceipt Trace Forms	3-5
FMS Form 150.2	3-6
Sample FMS Form 150.2	3-7
FMS Form 150.1	3-7
Sample FMS Form 150.1	3-9
Payment Trace Requests: Tele-TRACE Nonreceipt Claims Process	3-10

## A. Common Causes for Unnecessary Nonreceipt Claims

In the rare event that an ACH payment does not reach the correct destination, the Federal government intends to ensure that every reasonable attempt is made to locate the payment prior to referring the recipient to the authorizing Federal agency to begin the nonreceipt process. It is estimated that over 20 percent of “missing” Federal payments are at the Receiving Depository Financial Institution (RDFI) when the recipient calls to inquire.

RDFIs should be aware of the following situations that often result in unnecessary nonreceipt claims:

### 1. Memo Posting

Recipients call the RDFI to confirm receipt on settlement date. RDFI customer service personnel often fail to check for items posting at the end of that day. The recipient is informed that the payment has not arrived and often this begins an unnecessary nonreceipt claim process. It also results in an irate recipient and less confidence in Direct Deposit.

According to NACHA Operating Rules, consumer payments (including Federal salary, travel payments, and benefit payments) must be made available for withdrawal by the recipient no later than the opening of business on the settlement date (provided the entries are made available to the RDFI by its ACH operator no later than 5 p.m. on the banking day prior to the settlement date). This includes items that are “memo posted” on the settlement date.

### 2. Early Posting

“Early posting” occurs when an RDFI posts a payment to a recipient’s account prior to settlement date. This is common with Social Security payments since these payments are initiated early by the Social Security Administration (SSA) to accommodate the large ACH volume. Example: SSA initiates a payment with a settlement date of the 3rd of the month; the RDFI receives the payment from its ACH operator on the 1st of the month and, because of system limitations or workload considerations, posts it to the recipient’s account on the 2nd of the month; the SSA recipient calls the RDFI and asks if it received a payment “today,” the 3rd of the month; the employee looks at today’s activity, does not find the payment, and tells the recipient “no.” This starts a nonreceipt claim, when actually the funds were posted yesterday and are in the recipient’s account.

### 3. Other Causes

When a recipient calls to confirm receipt of a payment, the RDFI should be aware that the payment could have been incorrectly posted or returned due to incorrect account information. In these instances, RDFIs should take steps to correct these situations prior to having the recipient start the nonreceipt claims process.

**Note:** *It is extremely important that all RDFI personnel, especially branch, teller, and customer service representatives, are properly trained to locate payments that are “memo posted” on the settlement date or posted early (i.e., before the settlement date). This will result in a decrease in unnecessary nonreceipt claims. This will also increase the confidence of Direct Deposit recipients, especially the elderly and those depending on the timely delivery of Federal government payments.*



## RDFI Liability for Federal Government ACH Payments

In certain instances, RDFIs can be held liable for ACH payments not processed timely or correctly. Title 31 CFR 210.8(b) states:

“If the Federal government sustains a loss as a result of a financial institution’s failure to handle an entry in accordance with this part, the financial institution shall be liable to the Federal government for the loss, up to the amount of the entry, ...”

It is imperative that RDFIs review procedures for posting payments and funds availability to ensure compliance with 31 CFR 210 and NACHA Operating Rules.

- Please see Chapter 2 ACH Payment Processing, page 2-5 Misdirected Payments

## RDFI Liability for Automated Enrollments (ENRs) and Notifications of Change (NOCs)

Improper preparation of ENRs and NOCs could result in the nonreceipt of an ACH payment. Title 31 CFR 210.8(b)(2) specifically addresses the liability placed on RDFIs for the correct preparation of ENRs and NOCs:

“An RDFI that transmits to an agency an authorization containing an incorrect account number shall be liable to the Federal government for any resulting loss, up to the amount of the payment(s) made on the basis of the incorrect number. If an agency determines, after appropriate investigation, that a loss has occurred because an RDFI transmitted an authorization or notification of change containing an incorrect account number, the agency may instruct the Service to direct a Federal Reserve Bank to debit the RDFI’s account for the amount of the payment(s) made on the basis of the incorrect number.”

RDFIs should review procedures for the preparation of ENRs and NOCs (see Chapter 1, Enrollment, and Chapter 6, Notification of Change) and ensure all employees responsible for these transactions are aware of the procedures and the implications for the RDFI.

## B. Recipient Nonreceipt Inquiry to Financial Institution

When a recipient notifies the RDFI that he/she has not received a Direct Deposit Federal payment, the RDFI should verify that the payment was received by the RDFI. The RDFI

should make every reasonable attempt to locate a payment before referring the recipient to the authorizing Federal agency to begin an official nonreceipt claim process.

### Attempts to Locate the Payment(s)

The tables below provide a checklist of actions that the RDFI should follow before beginning the nonreceipt claim process.

Action if payment was received	Completed
Determine if the payment was posted late, early, or on settlement date.*	
Determine if payment was an exception item (i.e., returned or other action).**	
Determine if payment was posted to another account.**	

Action if payment was not received***	Completed
Ask the recipient if he/she has changed financial institutions.	
Ask the recipient if he/she has revoked the Direct Deposit authorizations.	
Ask the recipient to verify entitlement with the authorizing Federal agency.	
RDFI should contact its third party processor, if one is used, to confirm nonreceipt.	

\* If funds were posted after the settlement date, the RDFI should explain the reason for the delay and the steps taken to make the recipient whole.

\*\* If appropriate, an NOC should be originated to the authorizing agency to provide correct banking information. See Chapter 6, Notification of Change.

\*\*\* Advise the recipient to contact the authorizing Federal agency to make sure the proper authorizations are in place for future ACH payments.



## Beginning the Nonreceipt Process

If all efforts to locate the payment(s) have failed, the RDFI should instruct the recipient to file a nonreceipt claim directly with the authorizing Federal agency by telephone, in person, or in writing. The table below lists Federal agencies by types of payments.

Type of Payment	Action
Federal Salary and allotments (including military civilian pay) Military Active Duty and allotments	Advise recipient to contact his/her payroll office. <b>Note:</b> <i>Coast Guard Active Duty and Allotments (785) 339-3506.</i>
Military Retirement/Annuity/Allotments Air Force Coast Guard Marine Corps Navy	Advise recipient to contact the appropriate military branch. Refer to Contacts, Chapter 8.
Travel payments	Advise recipient to contact his/her finance/travel office.
<i>TreasuryDirect</i>	Refer to Contacts, Chapter 8.
Vendor and Miscellaneous	Advise recipient to contact the Federal agency that authorized the payment.
All other payment types	Advise recipient to contact the Federal agency that authorized the payment. Refer to Contacts, Chapter 8.

## C. Nonreceipt Process

Upon notification from the recipient that a payment has not been received, the authorizing Federal agency will notify the Financial Management Service (FMS). FMS will search the claims history database to determine to whom the payment was issued and to verify that the payment has not been returned. If the payment has already been returned, the claim will be sent back to the authorizing Federal agency and the case will be closed. If the payment has not been returned, FMS will issue the appropriate trace request to the RDFI.

### Payment Trace Requests: Manual Nonreceipt Claims Process

#### *Nonreceipt Trace Forms:*

The financial institution will receive either Form FMS 150.2 or Form FMS 150.1.

**FMS Form 150.2**

The FMS 150.2 is used to trace payments dated the current month or previous month.

Upon receipt of the FMS 150.2, the RDFI should follow these steps:

Step	Action
1	Verify the status of the payment in question by making all attempts to locate the payment at the RDFI.
2	Credit the payment immediately if the payment was not previously credited or returned.
3	Return the payment by ACH if it cannot be credited for any reason.
4	Use the recipient's copy of the FMS 150.2 to notify the recipient of the disposition of the payment.
5	Originate an NOC entry if corrections are needed for future payments. See Chapter 6, Notification of Change and the NACHA Operating Rules for detailed instructions.

The RDFI should inform recipients of the payment status. The RDFI is not required to contact FMS; however, if the RDFI does reply to FMS, the information is passed back to the authorizing Federal agency and the case is closed.

If the recipient has not received the payment after 30 days (10 days for SSA Payments), the recipient must initiate a second request to the authorizing Federal agency, and the agency must send a follow-up claim to FMS.



**Note:** For benefit payments if the wrong account was credited with the original payment, the RDFI should notify the Government Disbursing Office.

Keep in mind that RDFIs can be held liable for ACH payments not processed timely or correctly. If the Federal government sustains a loss as a result of a financial institution's improper handling of an entry, the financial institution is liable to the Federal government for the loss, up to the amount of the entry.

*This is a sample of form FMS 150.2.*

DATE		TRACE REQUEST		OMB No. 1510-0045	
				<b>DIRECT DEPOSIT</b>	
TRACE NUMBER		ROUTING NUMBER		CUSTOMER'S NAME	
				AMOUNT	
		CUSTOMER'S CLAIM NUMBER		PAYMENT DATE	
		DEPOSITOR ACCOUNT NUMBER		TYPE OF ACCOUNT	
FMS FORM 150.2		TYPE OF PAYMENT		DISCRETIONARY DATA	

For Paperwork Reduction Act Statement and Burden Estimate Statement See Reverse Side "Financial Organization Copy"

## FMS Form 150.1

The FMS 150.1 is used to trace payments with an issue date two (2) months or older, or as a follow-up notice for previous trace requests, issued on an FMS form 150.2.

Upon receipt of an FMS 150.1, the RDFI should follow these steps:

Step	Action
1	Verify the status of the payment in question by making all attempts to locate the payment at the RDFI.
2	Credit the payment immediately if the payment was not previously credited or returned.
3	Return the payment by ACH if it cannot be credited for any reason.
4	Complete the FINANCIAL INSTITUTION ACTION section within three (3) business days of receipt of the form by the RDFI.
5	Return the DISBURSING OFFICE COPY to the Government Disbursing Office identified on the form.
6	Use the recipient's copy to notify the recipient of the disposition of the payment.



The RDFI must respond to FMS within three business days by completing and returning the FMS 150.1 to the FMS Regional Financial Center indicated on the form.

If the RDFI responds that the payment was credited to the recipient's account, FMS will advise the authorizing Federal agency and will close the case.

If the RDFI responds that the payment was returned by ACH, FMS will search the claims history database to verify acceptance of the return. If the payment receipt is confirmed,

FMS will advise the authorizing Federal agency of the return and will close the case. If the RDFI responds to FMS that the payment was returned by ACH and FMS does not find the return in the claims history, FMS will allow up to 15 days from the date the RDFI indicated the return was sent and will search the claims history database again. If the return does not show up after 15 days, FMS will send a letter and a second 150.1 form to the RDFI's ACH contact requesting a status of the payment. If no reply is received from the RDFI after 15 days, FMS will send a second letter to the RDFI's Vice President of Operations. If no reply is received, a third letter will be sent to the President of the RDFI. If no reply is received, FMS calls the FI and will pursue the case until it is resolved. The authorizing Federal agency may also contact the RDFI to resolve payment problems.

Keep in mind that RDFIs can be held liable for ACH payments not processed timely or correctly. If the Federal government sustains a loss as a result of a financial institution's improper handling of an entry, the financial institution is liable to the Federal government for the loss, up to the amount of the entry.

*This is a sample of form FMS 150.1.*

<p>For Burden Estimate Statement See Reverse Side "Financial Organization Copy"</p>	<p>OMB No. 1510-0045</p>
---	--------------------------

<b>DEPARTMENT OF THE TREASURY</b> FINANCIAL MANAGEMENT SERVICE REGIONAL FINANCIAL CENTER	
--	--

---

<b>DIRECT DEPOSIT COORDINATOR</b>	DATE OF REQUEST _____  <input type="checkbox"/> SECOND REQUEST _____  DATE OF ORIGINAL REQUEST _____
-----------------------------------	--

**SUBJECT: TRACE REQUEST FOR ELECTRONIC FUNDS TRANSFER PAYMENT**

Dear Sir:

One of your customers has filed a claim for nonreceipt because their direct deposit payment has not been credited to their account. Your customer authorized the payment indicated below to be sent to your financial organization through Treasury's Direct Deposit Program.

TRACE NO. _____	PAYMENT DATE _____
RECEIVING FINANCIAL ORGANIZATION ROUTING NO. _____	TYPE OF PAYMENT _____
INDIVIDUAL (Customer's Name) _____	AMOUNT _____
DEPOSITOR'S ACCOUNT NO. _____ TYPE OF ACCOUNT _____	DISCRETIONARY DATE _____
PREFIX INDIVIDUAL ID (Customer's Claim No.) SUFFIX _____	

Treasury's records show that the payment was authorized and sent to your financial organization through the Federal Reserve Banking System.

Please research your records, mark the block in the FINANCIAL ORGANIZATION ACTION SECTION below that describes the action taken by your financial organization, sign the FINANCIAL CENTER COPY and return **within 3 days** to:

**Department of the Treasury**  
**Financial Management Service**  
**Regional Financial Center**  
**P.O. Box \_\_\_\_\_**

---

DIRECTOR, REGIONAL FINANCIAL CENTER

---

**FINANCIAL ORGANIZATION ACTION**

☐ The payment described above was credited to the customer's account on (Date) \_\_\_\_\_. The CUSTOMER'S COPY of this form was completed and forwarded to the customer on (Date) \_\_\_\_\_.

☐ We received the above described payment. The payment was returned to the Federal Reserve on a **Preauthorized Return Item Credit Form** on (Date) \_\_\_\_\_. We are attaching a copy of the return item form.

☐ We have the above described payment but cannot post it. We are returning it to the Federal Reserve on a **Preauthorized Return Item Credit Form** on this date. We are attaching a copy of the return item form.

**ADDITIONAL REMARKS** \_\_\_\_\_

<p><b>PAPERWORK REDUCTION ACT AND PRIVACY ACT STATEMENT</b></p> <p>This information is provided in compliance with the Privacy Act of 1974 (P.L. 93-5791). All requested information is mandatory by authority of USC, 301, 31 USC 391, and 31 CFR Part 210. This information will be used to determine if payments are being credited properly by financial organizations. Failure to provide the requested information may delay or prevent the settlement of claims for non-receipt of payment to organizations through the Direct Deposit Program.</p>	SIGNATURE _____  TITLE _____  DATE _____
--	--

FMS FORM 150.1 EDITION OF 2/88 IS OBSOLETE

FINANCIAL CENTER COPY

## Payment Trace Requests: Tele-TRACE Nonreceipt Claims Process

SSA and FMS have implemented a telephone nonreceipt process (Tele-TRACE) for SSA payments. This process eliminates the paper processing of trace forms (i.e., FMS 150.2 and FMS 150.1) required under the manual nonreceipt process. Instead, FMS representatives will call RDFIs and recipients directly to resolve claims of nonreceipt. The manual paper process will be gradually phased out.

Upon notification from the recipient that a payment has not been received, the authorizing Federal agency will notify FMS. FMS will search the claims history database to determine to whom the payment was issued and verify that the payment was not returned. If the payment has already been returned, the claim will be sent back to the authorizing Federal agency. If the payment has not been returned, FMS will call the RDFI to inquire about the reason for nonreceipt.

The RDFI should locate the payment and provide FMS with the reason the recipient did not receive the payment as follows:

- Posted late, early, or on settlement date\*
- Incorrect depositor account number, account closed, name not on account\*\*
- Posted to another account\*\*

Once the reason for nonreceipt has been determined, FMS will telephone the recipient to inform him/her of the resolution. FMS will mail a letter if unable to reach the recipient by telephone.

Keep in mind that RDFIs can be held liable for ACH payments not processed timely or correctly. If the Federal government sustains a loss as a result of a financial institution's improper handling of an entry, the financial institution is liable to the Federal government for the loss, up to the amount of the entry.

---

\* If funds were posted after the settlement date, RDFI should explain the reason for the delay and the steps taken to make the recipient whole.

\*\* If appropriate, an NOC should be originated to the authorizing agency to provide correct banking information. See Chapter 6, Notification of Change.



# 4 Returns

## Overview

This chapter describes the return process for Federal payments.

## In this Chapter...

<b>A. General Information on Returns</b>	<b>4-2</b>
Return Reason Codes	4-2
Death Notification Entry	4-2
Problems Resulting from Incomplete/Improper “Flagging”	4-3
Effect of Returning a Payment	4-3
Manual Posting of Payments	4-3
Timeliness of Returns	4-4
Holding Payments in Suspense Accounts	4-4
Recipients Without Current Accounts	4-4
<b>B. Returning Payments Through the ACH</b>	<b>4-4</b>
Correct Preparation of Returns	4-4
Claim Number Structure Table	4-5
<b>C. Returning Partial Payments in Response to Notices of Reclamation</b>	<b>4-6</b>
Action Steps	4-6
<b>D. Dishonored Returns</b>	<b>4-7</b>
Most Common Errors	4-7
<b>E. Obtaining a Refund from the Government, including Payments Returned in Error</b>	<b>4-7</b>
What to do if a Payment was Returned in Error	4-7
<i>TreasuryDirect</i> Payments Made in Error/Duplicate	4-9
SSA Program Service Centers	4-9
What to do if There are Duplicate Returns	4-11
Restoring Funds	4-11

## A. General Information on Returns

All ACH payments must be returned in accordance with NACHA Operating Rules. An ACH payment must be returned if:

- an enrollment has been terminated and a new enrollment for the same recipient has not been executed.
- the financial institution has actual or constructive knowledge of the death or legal incapacity of a recipient, including a representative payee.
- the financial institution is honoring a Death Notification Entry (DNE) or other notification of death from a Federal agency.
- the account has been closed by the recipient, or the financial institution has closed the account after giving the recipient 30 days' written notice (except where fraud is suspected; then the account may be closed immediately).
- there is no current account for the recipient.
- for any other reason the financial institution is unable to credit the payment to the account.

### Return Reason Codes (ACH Credits)

Although the government is able to accept all NACHA-approved return reason codes, we recommend that RDFIs use only the following eight codes when returning Government credits:

- RO2 Account Closed
- RO3 No Account/Unable to Locate Account
- RO4 Invalid Account Number
- RO6 Returned per ODFI's Request
- R14 Representative Payee Deceased or Unable to Continue in that Capacity
- R15 Beneficiary or Account Holder (Other Than a Representative Payee) Deceased
- R16 Account Frozen
- R17 File Record Edit Criteria (Specify)

RDFIs that learn of the death of a recipient from a source other than the agency are encouraged to use reason code R15 (Beneficiary or Account Holder Deceased) or R14 (Representative Payee Deceased) to notify government agencies of the death. By using these return codes, the RDFI will satisfy both the requirement to return post-death payments and the requirement to notify the agency of the death of the recipient.

If you must return a Federal payment for any reason not listed (i.e., credit sent to a non-transaction account), use reason code "RO3" on the return.

### Death Notification Entry

The Death Notification Entry (DNE) allows Federal agencies to notify financial institutions of a benefit recipient's death. Currently, SSA, OPM, and RRB originate DNEs. Other Federal benefit agencies will originate DNEs at a future date. The DNE is a zero dollar entry with an addenda record. The addenda record contains the date of death, the deceased individual's own Social Security number, and the amount of the next scheduled benefit payment. Upon receipt of a DNE, the financial institution is encouraged to "flag" the deceased recipient's account to prevent accepting further post-death Federal benefit payments.

## Problems Resulting from Incomplete/Improper “Flagging”

### Example 1: Joint Accounts

A husband and wife own a joint account. The husband dies. A DNE is sent from the Federal benefit agency to the RDFI. The RDFI receives the DNE and the account is “flagged.” The wife becomes eligible for widow’s benefits, and a benefit payment is sent to the joint account. Since the account is “flagged,” the RDFI improperly returns the widow’s benefits with a reason code of R15 (beneficiary or account holder deceased). The agency receives the returned benefit and processes an improper death termination for the widow. The agency also sends an improper DNE for the widow to the RDFI.

**Solution:** *To protect joint account holders, the account should be “flagged” with another piece of identifying information (i.e., name, Social Security number). This allows the joint account holder to continue receiving his/her own payments. If this is not possible, a new account should be established.*

### Example 2: Erroneous DNE

A recipient is receiving benefits. An improper report of death is received by the Federal benefit agency for the recipient (Social Security number is miskeyed). A DNE is sent from the agency to the RDFI and the account is “flagged.” The recipient discovers the problem and presents proof to the agency and the RDFI of the error in the fact of death. The agency resends the benefit payment to the recipient’s account, which is still “flagged.” The RDFI improperly returns benefits with a reason code for death of R15 (beneficiary or account holder deceased) to the agency. The agency receives the returned benefit and reprocesses the death termination. The agency sends an improper DNE once again to the RDFI.

**Solution:** *Always remember to remove any “flags” on an account when a report of death proves to be an error.*

## Effect of Returning a Payment

Any returned payment automatically revokes the Direct Deposit authorization and may stop further payments from the Federal agency to a recipient’s account. The recipient should contact the authorizing Federal agency.

## Manual Posting of Payments

Financial institutions may conduct a manual search of their unpostable ACH payments to determine if the payment can be posted.

If the actual account number and/or account type is different from what is contained in the ACH payment record, the financial institution may post the payment to the correct account number or account type. This payment may be posted only if there is no change in the title of the account or in the interest of the recipient or beneficiary in the account. (Note: Vendor payment payee names frequently do not match the title of the account and are excluded from this requirement.)

After posting such payments, the financial institution should send a Notification of Change (NOC) to the Federal paying agency with the correct banking information. Please see Chapter 6, Notification of Change, for more information.

### Timeliness of Returns

Unpostable payments must be returned so that they are received by the Government Disbursing Office (ODFI) no later than the opening of business on the second banking day following the settlement date of the original entry.

### Holding Payments in Suspense Accounts

Under no circumstances should a financial institution hold payments indefinitely in a suspense account, or by any other means, nor should payments otherwise be held if any of the conditions apply on when to return a payment. Holding payments may constitute a breach of the financial institution's warranty for the handling of Federal government ACH payments under regulations codified in 31 CFR Part 210.

### Recipients Without Current Accounts

A financial institution should not open a new account for an unknown recipient in response to an unpostable payment. A financial institution is required to verify the identity of the recipient at the time an account is opened and the recipient enrolls for Direct Deposit. If a recipient's account has been closed, the financial institution must return any subsequent payments made by the Federal agency to the account. If the recipient closes the account and opens a new account (at the same or a different financial institution), the recipient is required to notify the Federal paying agency of the change in account and instruct the Federal agency to send subsequent payments to the new account. Please refer to Chapter 1, Enrollments, for more information.

## B. Returning Payments Through the ACH

### Correct Preparation of Returns

It is essential that RDFI employees preparing returns have access to data in the original item originated by the Government Disbursing Office. If a processor is used, RDFIs should be sure that the return entry is properly formatted to include the data from the original entry.

"When an Automated Return Entry is prepared, the original Company/Batch Header Record, the original Entry Detail Record, and the Company/Batch Control Record are copied for return to the Originator." (2000 NACHA Operating Rules)

If accurate data are not provided in the return entry, the Government Disbursing Office will dishonor the return. The following five fields must be identical to the original payment data:

1. trace number (provided in the entry detail record)
2. effective entry date
3. amount of payment
4. individual ID number (i.e., claim number. See Table below)
5. discretionary data field

**Note:** Financial institutions using data processors could receive reformatted data which may contain errors or omissions. **The original payment information must be used in its exact format to avoid rejections.**



Financial institutions should carefully track returned benefit payments to ensure that the returns are not dishonored. This could create an additional liability for the financial institution in a reclamation case.

### Claim Number Structure Table

The following table represents correct claim number structures used in formatting returns.

Agency	Claim Number Structure	Example
Social Security Administration	999999999XXbSSA	123456789C1_SSA
	999999999XbbSSA	123456789A_ _SSA
	999999999bbbSSI	123456789_ _ _SSI
Office of Personnel Management	Xb99999999bXbXXX	F_1234567_W_CSF
	Xb99999999b9bXXX	A_1234567_0_CSA
Department of Veterans Affairs	999999999b99b99	162306890_10_01
	999999999b99b99	12345678_00_06
Railroad Retirement Board Retirement/Annuity	XXX999999999b9b	WCA123456789_7_
	Xbb99999999bbb9b	A_ _123456_ _ _1_
	XXbZZZZZ9bbbb9b	WD_000006_ _ _8_
	bbb999999999	_ _ _123456789
Department of Labor	999999999XXbXXb	123456789LW_MB_

**Key:** X = alphanumeric, 9 = numeric, b = blank, Z = zero filled, \_ = space

## C. Returning Partial Payments in Response to Notices of Reclamation

If only a partial payment is being returned in response to a Notice of Reclamation, it must be returned by check. *In no other case should ACH returns be made by check.* Please refer to Chapter 5, Reclamations, for more information.



**Note:** *If the original payment data have been discarded, a financial institution may be forced to return an ACH payment by check. The financial institution will receive credit. However, in these cases, credit will be delayed due to manual processing. Note that under NACHA Operating Rules, records of all entries including return and adjustment entries must be retained for six years from the date the entry was transmitted.*

The table below shows how to return a partial payment by check in response to a Notice of Reclamation.

Step	Action
1	<p>Send the Government Disbursing Office a check payable as indicated on item C-3b on the Notice of Reclamation.</p> <p><b>DO NOT SEND THE CHECK TO THE ORIGINATING FEDERAL AGENCY.</b></p>
2	<p>Attach a cover letter listing the following information for each payment subject to return:</p> <ul style="list-style-type: none"> <li>• effective entry date</li> <li>• amount of payment</li> <li>• individual ID number (i.e., claim number)</li> <li>• reason for return</li> </ul> <p>Or if not available, provide the following information:</p> <ul style="list-style-type: none"> <li>• recipient's name</li> <li>• recipient's Social Security number or other applicable Federal government ID number</li> <li>• date of death</li> <li>• name of originating Federal agency</li> </ul> <p>The cover letter must always include:</p> <ul style="list-style-type: none"> <li>• recipient's name</li> <li>• name of originating Federal agency</li> </ul> <p><b><i>Provide the name, address, and telephone number of the financial institution contact.</i></b></p>

## D. Dishonored Returns

ACH return items will be dishonored by the Government Disbursing Office if discrepancies exist between the data on the return item and the data on the original payment.

### Most Common Errors

For Treasury-disbursed payments, five fields are read on return items. If any one of these five fields is not identical to the original payment data, Treasury's system will dishonor the return.

1. trace number (provided in addenda record)
2. effective entry date (i.e., payment date)
3. amount of payment
4. individual ID number (i.e., claim number)
5. discretionary data field.

The discretionary data field on the return item should be left blank ONLY if it was blank in the original ACH entry. Some financial institutions may have to make an additional "dump run" for the discretionary data. If the field contains data in the original entry, the data must be included in the return entry.

Note that a VA claim number may be an 8-digit number with a blank in the leading space of the individual ID field. If the space is ignored and the number is left-justified, the return will be dishonored. (See the claim number structure table on page 4-5.)

If a financial institution receives a dishonored return, the information in the return should be corrected and a new return should be originated in accordance with NACHA Operating Rules.

## E. Obtaining a Refund due from the Government, including Payments Returned in Error

If you are due a refund from the government under ACH, regardless of whether you have returned too much, or returned the wrong item(s), or the government debited you too much (e.g., on an ACH reclamation), follow these instructions to claim your refund.

Note: Any payment returned for "death" will cancel both the Direct Deposit authorization and the recipient's entitlement to that payment.

Please also note: An RDFI is not required to advance credit to the recipient for a payment returned in error. However, if it did advance credit, the RDFI should state this in any communication with the Federal Government.



## Action Steps

### 1. Contact the Federal agency that authorized the payment.

*Do not contact the Government Disbursing Office, e.g., the Treasury Department*

Payment Type	Contact
OPM Annuity (formerly Civil Service Retirement) "CIVIL SERV"	U.S. Office of Personnel Management P.O. Box 45 Boyers, PA 16017 (724) 794-2005
Social Security "SOC SEC"	SSA Program Service Center (Refer to p.4-9 and 4-10 for appropriate addresses).
Supplemental Security Income "SUPP SEC"	Social Security Administration Certification and Accounting Branch, Analyst Room 3-A-2 East High Rise Building 6401 Security Boulevard Baltimore, MD 21235 (410) 966-5353
Bureau of the Public Debt "TreasuryDirect"	Bureau of the Public Debt Customer Assistance Branch P.O. Box 426 Parkersburg, WV 26102-0426 (304) 480-7591 <i>Note: Include with your letter a debit advice, Return Item-Credit Form, and any other documents that confirm the duplicate or erroneous return.</i>
VA Compensation or Pension "VA BENEFIT"	None. <i>Note: Returned VA payments cannot be recalled. They will be reissued to the recipient's home address.</i>
Railroad Retirement Board	Railroad Retirement Board Direct Deposit Coordinator (312) 751-4704.
For all other payment types	The Federal agency's local office listed in the telephone directory.

### 2. Promptly notify the recipient of the error.

If you erroneously reported death on the ACH return, advise the recipient to contact the originating Federal agency immediately to reactivate payments.

Advise the recipient that the returned payment may be sent via check to his/her home. The recipient should contact the Federal agency to ensure his/her current home address is on record and that payments are handled properly.

**3. Be aware that your incorrect notification of death to a Federal authorizing agency (OPM, SSA, RRB), may result in a DNE being sent by the agency.**

If a DNE is received, be sure to remove any electronic indicator or flag that would automatically return future payments to the account.

**4. Initiate a new enrollment to reactivate ACH payments. Please see Chapter 1, Enrollment, for more information.**

**Note:** The financial institution's copy of the original enrollment form may be photocopied and sent to the Federal agency if all the information is still correct.



### Additional Information on TreasuryDirect Payments made in Error/Duplicate

If a payment is made in error, or if a duplicate payment is made, the financial institution will receive either a written or electronic notice from TreasuryDirect that will include the following:

- deposit account name
- deposit account number
- date of the improper payment
- amount of the improper payment

### SSA Program Service Centers

The table below provides the addresses of SSA Program Service Centers identified by the first 3 digits of the Social Security Number and the corresponding Treasury disbursing offices.

**Note:** All SSA cycled payments (dated the 2nd, 3rd, and 4th Wednesday of the month), regardless of the Social Security number, are disbursed by the Philadelphia Treasury RFC.



SSA Program Service Center	SSN Range	Treasury RFC
Social Security Administration Northeastern Program Service Center 1 Jamaica Center Jamaica, NY 11432-3830	001-134	Philadelphia
Social Security Administration Mid-Atlantic Program Service Center 300 Spring Garden Street Philadelphia, PA 19123	135-222 232-236 577-584 596-599 691-699	Philadelphia

continued next page >

SSA Program Service Center	SSN Range	Treasury RFC
Social Security Administration Southeastern Program Service Center 2001 Twelfth Ave., North Birmingham, AL 35285	223-231 237-267 400-428 587-595 654-658 667-675 681-690 752-763	Philadelphia
Social Security Administration Great Lakes Program Service Center 600 West Madison Street Chicago, IL 60661	268-302 316-399 700-799	Kansas City
Social Security Administration Mid-America Program Service Center 601 East 12th Street Kansas City, MO 64106	303-315 429-500 505-515 525 585 627-645 648-649 659-665 676-679	Kansas City
Social Security Administration Western Program Service Center P.O. Box 2000 Richmond, CA 94802	501-504 516-524 526-576 586 600-626	San Francisco

## What to do if there are Duplicate Returns

The table below shows what to do if there are duplicate returns.

IF...	THEN...	AND...
two identical ACH returns are made for the same payment	the Government Disbursing Office will automatically return the duplicate return	no further action is required by the financial institution.
an ACH return was sent and the same payment was returned by check	the financial institution should promptly write a letter of explanation to the Federal agency that authorized the payment and include copies of the following: <ul style="list-style-type: none"> <li>• financial institution's claim for a refund</li> <li>• debit advice</li> <li>• other documentation that confirms the duplicate return/debit action.</li> </ul>	the financial institution awaits further notification from the authorizing Federal agency.
the financial institution has been debited (TFS, Notice of Debit) for a payment that was already returned		<b>Note:</b> Only the Federal agency that authorized the payment can make a refund.

## Restoring Funds

The authorizing Federal agency will restore the funds after researching and verifying the request. The restoration will be made, via the appropriate method, as mutually agreed by the Federal agency, the financial institution, and the recipient.



# 5 Reclamations

## Overview

Section 1 defines reclamation and provides some background information on the subject. Section 2 covers an RDFI's liability in the reclamation process. Topics include full and limited liability, calculating the limited liability amount, and exceptions to the liability rule. Section 3 gives RDFIs guidance on processing reclamations and provides an updated contact list for individuals needing additional information/assistance with reclamations.

## Section 1. Background . . . . . 5-3

## Section 2: Liability of a Receiving Depository Financial Institution (RDFI). . . . . 5-5

### A. Full Liability . . . . . 5-5

Conditions for Full Liability . . . . . 5-5

### B. Limiting Liability . . . . . 5-5

Conditions for Limiting Liability . . . . . 5-5

Exception to Liability Rule . . . . . 5-5

### C. Calculating the Limited Liability Amount . . . . . 5-6

45-day Liability Amount . . . . . 5-6

Calculating the Limited Liability Amount: Example 1 . . . . . 5-6

Calculating the Limited Liability Amount: Example 2 . . . . . 5-7

## Section 3: Reclamation Procedures . . . . . 5-8

### A. Notification of Death . . . . . 5-8

Applicable Federal Regulation 31 CFR 210 . . . . . 5-8

What to do upon Notification of Death . . . . . 5-9

Holding Payments . . . . . 5-10

Repayment by Survivors . . . . . 5-10

Handling Survivor Requests . . . . . 5-10

### B. Notice of Reclamation . . . . . 5-10

Notice of Reclamation (FMS-133) . . . . . 5-11

Sample (FMS-133) . . . . . 5-12

General Reclamation Guidelines .....	5-16
Incomplete or Inadequate RDFI Replies .....	5-16
How to Respond to the Notice of Reclamation .....	5-17
Steps to Take Under Full Liability .....	5-17
Steps to Take Under Limited Liability .....	5-18
Time Limits for Federal Reclamations .....	5-20
Follow-up to the Notice of Reclamation (FMS-2942) .....	5-20
Federal Agency Collection from Withdrawers .....	5-21
Debit of the RDFI's Account (FMS-135) .....	5-21
Sample (FMS-2942) .....	5-22
Sample (FMS-135) .....	5-23
How to Prevent or Limit the Amount of a Debit to the Federal Reserve Account ..	5-24
<b>C. Errors in Death .....</b>	<b>5-24</b>
If the Person did not Die .....	5-24
Types of Evidence .....	5-24
Accepting the Proof .....	5-25
Rejecting the Proof .....	5-25
Restarting Payments .....	5-25
If the Date of Death is Wrong .....	5-26
Day of the Month is Wrong .....	5-26
Month or Year is Wrong .....	5-26
Learning of an Error After Completing a Reclamation .....	5-27
Worksheet for Adjusting the Outstanding Total if the Date of Death is Wrong ....	5-28
<b>D. Subsequent Reclamations .....</b>	<b>5-28</b>
What to do .....	5-28
Previous Debit .....	5-29
<b>E. Contacts .....</b>	<b>5-29</b>



## Section 1: Background

Reclamation is a procedure used by the Federal government (government) to recover benefit payments made through the Automated Clearing House (ACH) to the account of a recipient who died or became legally incapacitated or a beneficiary who died before the date of the payment(s).

The government's right to reclaim funds is established in Title 31 of the Code of Federal Regulations Part 210, Subpart B, Section 210.10(a). The government's reclamation process is found in 31 CFR 210.9 through 210.14. The reclamation provisions of 31 CFR 210 completely preempt the reclamation provisions of the NACHA Operating Rules with respect to Federal benefit payments.

By accepting a recurring benefit payment from the government, a receiving depository financial institution (RDFI) agrees to the provisions of 31 CFR 210, including the reclamation actions and debiting of the RDFI's Federal Reserve Bank account for any reclamation for which it is liable. This liability provision of the Federal reclamation regulations is part of the contract between the government and the RDFI. The two parties thereby agree to share liability for post-death payments. This contract is renewed by the RDFI each time it accepts an ACH enrollment and is agreed to by reference each time it credits an ACH payment on behalf of a depositor.

**Note:** In this chapter, “death” always means the death or legal incapacity of a recipient or the death of a beneficiary. And “government” always means the Federal government.



## Payments Subject to Reclamation

Only government benefit payments are subject to reclamation.

### Payments Subject to Reclamations

Social Security benefit or disability (SSA)  
 Supplemental Security Income (SSI)  
 Black Lung disability (Dept. of Labor)  
 Military and Coast Guard retirement,  
 including allotments from military retired  
 pay (DFAS)  
 Civil Service annuity (OPM)  
 Veterans benefits (VA)  
 Railroad retirement annuity (RRB)  
 Central Intelligence Agency annuity (CIA)  
 Worker's compensation (FECA)  
 Longshoremen's and Harbor Workers'  
 Compensation Act (Dept. of Labor)  
 Any other Federal retirement or annuity

### Payments not Subject to Reclamations

Federal salary, allotments, and travel payments  
 U.S. savings bond payments  
 Vendor/miscellaneous payments  
 IRS tax refunds  
 Discretionary allotments  
 Public Debt payments (*TreasuryDirect*)  
 Other types of Federal ACH payments

*For post-death payments not affected by reclamation, adjustments are made only between the authorizing Federal agency and the recipient's survivors or estate.*

Agencies that initiate reclamations must do so within 120 calendar days after the date that the agency receives notification of the death.

An RDFI is not liable for any post-death payments made more than six years prior to the date of the notice of reclamation, except under the following circumstance:

**"If the account balance at the time the RDFI receives the notice of reclamation exceeds the total amount of all post-death or post-incapacity payments made by the agency during such six-year period, this limitation shall not apply and the RDFI shall be liable for the total amount of all payments made, up to the amount in the account at the time the RDFI receives the notice of reclamation and has had a reasonable opportunity (not to exceed one business day) to act on the notice."** [31 CFR Part 210.10(d)]

**RDFI REACTION TIME:** The RDFI, upon receipt of the government's Notice of Reclamation, has **UP TO ONE BUSINESS DAY** to react to that Reclamation by determining the account balance, and by preventing any further withdrawals of post-death Government benefit payments from the account, if possible under the terms of the contract with the account holder.

**RDFI RESPONSE DEADLINE:** The RDFI has up to 60 days from the issue date of the Reclamation to provide a full and accurate response to the proper Government Disbursing Office. Failure to respond timely may result in a debit to the RDFI's Federal Reserve account or the account of its correspondent for the total amount of the Reclamation. This debit action will be final.

It is important that RDFI's understand the reclamation process and the associated liabilities. RDFI liability is discussed in Section 2. Section 3 provides RDFI guidance on processing reclamations.



**Note:** Recipients may be receiving multiple benefit payments from the same or different Federal agencies.

## Section 2: Liability of a Receiving Depository Financial Institution (RDFI)

### A. Full Liability

An RDFI is liable for ALL benefit payments received after the death or legal incapacity of a recipient or death of a beneficiary unless the RDFI meets the qualifications for limiting its liability (see below).

An RDFI has no right to limit its liability with respect to post-death benefit payments received after it knows of the death or incapacity of a recipient or the death of a beneficiary and has had a reasonable opportunity (i.e., one business day) to act on that knowledge.

The RDFI must immediately notify the paying agency(s) if the RDFI learns of the death from a source other than notice from that agency. An RDFI must immediately return any post-death benefit payment received after learning of the death, regardless of how the death was discovered. An ACH return using reason code R15 or R14 constitutes proper notification to the Federal agency.

**Note:** If no post-death payment has been received at the time the RDFI learns of the death, the RDFI may also contact the paying agency (see Contacts, Chapter 8).



### B. Limiting Liability

An RDFI may qualify to limit its liability by full compliance with the regulations if it:

- had no actual or constructive knowledge\* of the death at the time of the deposit of any post-death benefit payments.
- returns all post-death benefit payments it receives after it learns of the death.
- responds to the Notice of Reclamation (reclamation) so that it is received by the Government Disbursing Office within 60 days of the date on the reclamation.

**\*Note:** In this chapter “constructive knowledge” of the death means that the RDFI would have learned of the death if it had followed commercially reasonable business practices. for example, receiving notice of death in the mail demonstrates “constructive knowledge,” even if the RDFI fails to open the notice received.



### Exception to Liability Rule

An RDFI is not liable for post-death benefit payments sent to a recipient acting as a representative payee or fiduciary on behalf of a beneficiary, if the beneficiary was deceased at the time the authorization (Direct Deposit enrollment) was executed and the RDFI did not have actual or constructive knowledge of the death of the beneficiary.

### C. Calculating the Limited Liability Amount

If an RDFI qualifies for **limited liability**, the amount for which an RDFI can be debited is the amount of the account balance (see Note below) at the time the RDFI first receives notice of death (which could be the Notice of Reclamation) plus the **45-day amount**.

The **45-day amount** is the dollar amount of the post-death benefit payments received within 45 calendar days following the death.



**Note:** The limited liability amount may not exceed the outstanding total. The outstanding total is the total of all the unreturned post-death payments.

**Table 2-A Calculating the Limited Liability Amount**

**Example 1: Four payments of \$200 each were received after death.** The first payment was received within 45 days after the date of death (i.e., 45-day amount = \$200). The RDFI had no actual or constructive knowledge at the time the post-death payments were received or withdrawn.<sup>1</sup> No additional payments were received after the RDFI had knowledge.<sup>2</sup>

	Ex. 1	Ex. 2	Ex. 3	Ex. 4	Ex. 5
Total Amount of post-death payments on the Notice of Reclamation	\$ 800	\$ 800	\$ 800	\$ 800	\$ 800
Amount of the Account Balance paid by RDFI in response to the Notice of Reclamation <sup>3</sup>	\$ 300	\$ 300	\$ 750	\$ 0	\$ 800
Amount due from withdrawers	\$ 500	\$ 500	\$ 50	\$ 800	\$ 0
Amount collected by government from withdrawers	\$ 250	\$ 500	\$ 0	\$ 0	\$ 0
Outstanding total	\$ 250	\$ 0	\$ 50	\$ 800	\$ 0
Amount to be debited from the RDFI's Federal Reserve account = (lesser of Outstanding Total or 45-day amount)	\$ 200	\$ 0	\$ 50	\$ 200	\$ 0

<sup>1</sup> RDFI had no actual or constructive knowledge of the death at the time of deposit or withdrawal of any post-death benefit payments.

<sup>2</sup> RDFI returns all post-death benefit payments it receives after it learns of the death.

<sup>3</sup> RDFI accurately responds to the Notice of Reclamation so that the appropriate amount is received by the Government Disbursing Office within 60 days of the date on the Notice.

**Example 2: Four payments of \$200 each were received after death.** *Three of the payments were received before the RDFI had actual or constructive knowledge of the death.<sup>1</sup> The 4th payment was received by the RDFI after it had received a DNE and the RDFI promptly returned the payment using an R15 return reason code.<sup>2</sup> The 1st and 2nd payments were received within 45 days following the date of death (4th payment will not be listed on the Notice of Reclamation since it was promptly returned by the RDFI).*

	Ex. 1	Ex. 2	Ex. 3	Ex. 4	Ex. 5
Total Amount of post-death payments on the Notice of Reclamation	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600
Amount of the Account Balance paid by RDFI in response to the Notice of Reclamation <sup>3</sup>	\$ 300	\$ 300	\$ 550	\$ 0	\$ 600
Amount due from withdrawers	\$ 300	\$ 300	\$ 50	\$ 600	\$ 0
Amount collected by government from withdrawers	\$ 50	\$ 300	\$ 0	\$ 0	\$ 0
Outstanding total	\$ 250	\$ 0	\$ 50	\$ 600	\$ 0
Amount to be debited from the RDFI's Federal Reserve account = (lesser of Outstanding Total or 45-day amount)	\$ 250	\$ 0	\$ 50	\$ 400	\$ 0

<sup>1</sup> RDFI had no actual or constructive knowledge of the death at the time of deposit or withdrawal of any post-death benefit payments.

<sup>2</sup> RDFI returns all post-death benefit payments it receives after it learns of the death.

<sup>3</sup> RDFI accurately responds to the Notice of Reclamation so that the appropriate amount is received by the Government Disbursing Office within 60 days of the date on the Notice.

## Section 3: Reclamation Procedures

### A. Notification of Death

Notification of death by any source constitutes notification for all Federal benefit payments received by the recipient. This includes notification of death by survivors, executors, or Federal agencies. The following are some of the ways that RDFIs may learn of the death of their account holders:

- Receipt of a Death Notification Entry (DNE) — an ACH notice of death from an originating government agency [e.g., SSA, RRB, or OPM] to the RDFI.
- Receipt of a government Notice of Reclamation.
- Any contact from or reference to an Estate, or an Executor, Administrator, Public Administrator, Personal Representative, or other representative of such Estate.
- A pertinent reference to or from a Probate Court, a funeral home, or Letters Testamentary.\*
- Any oral or written report of death.
- Any death information obtained by the RDFI's inquiry into a dormant account, or through other RDFI internal screening processes.
- Any personal awareness of the death by the RDFI's staff.

### Applicable Federal Regulation 31 CFR 210

#### *This regulation defines when an RDFI has actual or constructive knowledge of the death:*

An RDFI has actual knowledge of the death or legal incapacity of a recipient or the death of a beneficiary when it receives information, through whatever means, that the recipient has died and has had a reasonable opportunity to act on such information. An RDFI has constructive knowledge if the institution would have learned of the death if it had followed commercially reasonable business practices. [31 CFR Part 210.2(b)]

The phrase “commercially reasonable business practices” is a flexible concept since, for example, what is a commercially reasonable practice for a large bank may not be commercially reasonable for a small rural bank, and vice versa.

---

\* A document which names the executor or administrator of a deceased person's estate and is issued by a court. A certified copy of the Letters Testamentary must contain a raised seal or stamp from the clerk or court issuing the letter.

### ***What to do upon Notification of Death with Payments Already Posted and Subsequent Payments***

When an RDFI receives actual or constructive knowledge of the death, it may decide to await a Notice of Reclamation before returning the already credited post-death payment(s). However, the RDFI must immediately return all subsequent (i.e., subsequent to receiving notice of death) post-death benefit payments to the Government Disbursing Office. The RDFI also must notify the sending agency of the recipient's death, which it may do by using "death" as the return reason code on the returned payment.

When returning payments, the RDFI must be careful to use the correct return reason code:

#### **R15 Beneficiary Deceased**

The beneficiary is the person entitled to the benefits. In this case, there is no representative payee or guardian involved, or they are still alive.

#### **R14 Representative Payee (or Guardian) Deceased or Incapacitated**

The representative payee (or guardian) is the person who receives benefit payments on behalf of the (underaged or incapacitated) beneficiary. E.g., payment is payable to "John Doe, for [another person]". In any event, the beneficiary is not deceased.

**Note:** See Chapter 4, *Returns*, for more information on DNEs. Care should be taken when "flagging" accounts in response to DNEs, specifically when the account is a joint account.



Any information of the death received by the RDFI or any of its employees, from whatever source, establishes the full legal liability for ALL SUBSEQUENT post-death Federal benefit payments *from all agencies*, as well as any post-death benefits in the account, which the RDFI then allows to be withdrawn.

This includes post-death funds withdrawn by executors or other representatives of the deceased person's estate. Any release to an executor or other party clearly acting on behalf of the deceased person or his/her estate will be deemed by the government to have demonstrated the RDFI's knowledge of the death.

If the RDFI fails to return one or more payments it receives after it has actual or constructive knowledge of death, the RDFI will not be able to limit its liability as to those payments. If the RDFI returns any post-death benefit payments to the government before it receives a Notice of Reclamation, we suggest, but do not require, that the RDFI notify the account owners as a courtesy.



If at the time the RDFI first receives information of death, all or part of the post-death benefit payments have already been withdrawn from the account, the government does not authorize the RDFI to try to recover the funds from the withdrawer. If the RDFI does so, it acts under its own authority in terms of its contract with its depositor or under state law.

### *Holding Payments*

Under no circumstances should an RDFI hold payments indefinitely in a suspense account, or by any other means, nor should payments otherwise be held if any of the conditions apply on when to return a payment. Holding payments may constitute a breach of the RDFI's warranty for the handling of Federal government ACH payments under 31 CFR 210 and could result in an RDFI's inability to limit its liability.

### *Repayment by Survivors*

If the survivors or other withdrawers state that the withdrawn post-death payments have already been repaid to the Federal agency, the RDFI should obtain a written confirmation from those persons, including a copy of the front and the back of the check(s).

If all post-death payments have been repaid by the survivor(s), the RDFI should not receive a Notice of Reclamation. If a Notice of Reclamation is received, the RDFI must return it to the Government Disbursing Office that issued it, attaching an explanation and any other documentation it has. The RDFI will not be held liable for any post-death payments that have already been repaid to the originating agency.

### *Handling Survivor Requests not to Return Post-death Benefit Payments*

The RDFI may be asked by the survivor(s) not to return post-death benefit payments because the survivor is still entitled to all or part of the payments. In such cases, the RDFI should still return the payment and advise the survivor to contact the appropriate Federal benefit agency with any questions.

## **B. Notice of Reclamation**

The Notice of Reclamation (FMS-133), initiates the recovery of post-death benefit payments that have not been returned to the government.

The Notice of Reclamation is mailed to the RDFI by the Government Disbursing Office upon instructions from the authorizing Federal agency.

The Notice of Reclamation is mailed to the RDFI's address listed on the Treasury's Master File for that routing number. Each RDFI is responsible for updating any address changes needed to Treasury's Master File (see Chapter 2, page 2-2, Financial Organization Master File). Failure to do so may result in a debit to the RDFI's Federal Reserve account because the Notice of Reclamation was mailed to an obsolete address.

**Table 3-A Notice of Reclamation (Form FMS-133)**

---

The Notice of Reclamation advises the RDFI of...

---

the date of death or legal incapacity;

---

the amount of post-death payment(s) for which the RDFI may be liable;

---

the identity of each payment(s) in question, including:

1. name of the recipient
  2. individual ID or claim #
  3. date of the payment(s)
  4. Federal agency that authorized the payment(s) and the type of payment(s)
  5. payment trace number(s)
  6. type of account (checking/savings) to which the payment(s) was made
  7. depositor account number
  8. amount of the payment(s).
- 

The FMS-133 consists of six parts:

Part 1- Program Agency Copy

Part 2- Program Agency File Copy

Part 3- RDFI Copy

Part 4- Disbursing Office Copy

Part 5- Notice to Account Owners Copy

Part 6- Disbursing Office Pending Copy (RDFI does not receive Part 6)


---

**Note:** *RDFIs will receive Parts 1 through 5.*



**Notice of Reclamation (FMS-133), FRONT**

Sample: Parts 1-4 The following sample is the same for the Program Agency Copy, Program Agency File Copy, RDFI Copy and Disbursing Office Copy.

For Paperwork Reduction Act Statement and Burden Estimate Statement See Reverse Side "Notice to Account Owners" Copy				OMB NO.: 1510-0043 Expiration Date: 02/28/2000	
 <b>ELECTRONIC FUNDS TRANSFER FEDERAL RECURRING PAYMENTS</b>  <b>NOTICE OF RECLAMATION</b>			FROM: _____  DATE: _____		
RECIPIENT AND/OR BENEFICIARY NAME			CLAIM NUMBER		DATE OF DEATH
DATE OF PAYMENT	AGENCY AND/OR TYPE OF PAYMENT	TRACE NUMBER	TYPE OF ACCOUNT	DEPOSITOR ACCOUNT NUMBER	AMOUNT
AMOUNT OF PAYMENTS RECEIVED WITHIN 45 DAYS			OUTSTANDING TOTAL		
<b>A</b> Immediately mail NOTICE TO ACCOUNT OWNERS (last copy of this form) to current address of the account owner. Inform the account owner(s) of any actions your financial institution has taken or intends to take. Sign Certification No. 1 on the back of the DISBURSING OFFICE COPY.					
<b>B</b> Correct any error in the fact of death, date of death and/or outstanding total on the back of the DISBURSING OFFICE COPY.					
<b>C</b> Take, as appropriate, one of the four steps below:					
<b>1</b> If the outstanding total was previously returned to the Government, attach copies of the front and back of the cancelled checks and/or proof that the payment was returned by ACH. Proceed with step D below.					
<b>2</b> If the amount in the account is equal to or exceeds the outstanding total, prepare one ACH return for each full payment described above. The ACH return method should always be used when returning one or more full payments. Proceed with step D below.					
<b>3</b> If the amount in the account is less than the outstanding total, and there is... a.(1) only one payment listed above, then return the partial payment by check. (See 3b). a.(2) more than one payment listed above, then prepare ACH return(s) for amount(s) equal to each full payment. Any remaining amount that does not equal a full payment must be returned by check. (See 3b). b. Prepare a check made payable to: _____ <b>ONLY FOR AMOUNTS LESS THAN ONE FULL PAYMENT.</b> (Note: The amount in the account includes any additions to the account balance made after the receipt of this NOTICE.) Provide the names and addresses of the withdrawers on the back of the DISBURSING OFFICE COPY. If it is a true statement of fact, you must sign Certification No. 2 on the back of the DISBURSING OFFICE COPY. Proceed with Step D below.					
<b>4</b> If the amount in the account is zero and no funds are available to return to the Government, provide the names and addresses of the withdrawers on the back of the DISBURSING OFFICE COPY. If it is a true statement of fact, you must sign Certification No. 2 on the back of the DISBURSING OFFICE COPY. Proceed with Step D below.					
<b>D</b> Unless the outstanding total is returned by ACH within 45 days of the date on this NOTICE, return the PROGRAM AGENCY and DISBURSING OFFICE COPIES of this form to the disbursing office address shown in the upper right hand corner of the form.					
YOUR FINANCIAL INSTITUTION IS LIABLE TO THE GOVERNMENT FOR THE ABOVE PAYMENT(S) AND FOR ALL GOVERNMENT BENEFIT PAYMENTS RECEIVED AFTER THE DEATH OR LEGAL INCAPACITY OF THE RECIPIENT OR THE DEATH OF THE BENEFICIARY AS SET FORTH IN 31 CFR PART 210. YOU MUST TAKE THE APPROPRIATE STEPS OUTLINED IN A THROUGH D ABOVE AND IN THE GREEN BOOK INSTRUCTIONS IN ORDER TO LIMIT YOUR LIABILITY. (See GREEN BOOK: RECLAMATIONS CHAPTER for detailed instructions.)					
IF YOU DO NOT RESPOND APPROPRIATELY WITHIN 60 DAYS FROM THE DATE OF THIS REQUEST, YOU WILL NOT LIMIT YOUR LIABILITY AND YOUR FEDERAL RESERVE ACCOUNT OR THE ACCOUNT OF YOUR CORRESPONDENT WILL BE DEBITED FOR THE OUTSTANDING TOTAL.					
ROUTING NUMBER: TO:			TO BE COMPLETED BY PROGRAM AGENCY		
			\$ _____ \$ _____ Amount Recovered                      Amount to Recover		
			_____ Signature                                      Date		
DEPARTMENT OF THE TREASURY FINANCIAL MANAGEMENT SERVICE PROGRAM MANAGEMENT DIVISION FMS 133 (2-97)					

PROGRAM AGENCY COPY

### Notice of Reclamation (FMS-133), BACK

Sample: Parts 1-4 The following sample is the same for the Program Agency Copy, Program Agency File Copy, RDFI Copy and Disbursing Office Copy.

THIS BLOCK FOR DISBURSING OFFICE USE			
<p><b>A. Notice of Reclamation</b></p> <p>I. Total Amount Due _____ Total Amount Refunded _____ To Be Recovered By Agency _____</p> <p>II. The amount of \$ _____ was deposited for credit in the account of the _____ on _____  <small>DISBURSING OFFICER</small></p> <p>Certificate of Deposit No. _____ dated _____</p> <p>DR. 4.20 Confirmed Deposits  CR. 4.10 Net D.O. Transaction — Station Code _____</p> <p style="text-align: right;"><small>DISBURSING OFFICER</small></p> <p>Trust Fund or Appropriation Symbol _____</p> <p style="text-align: right;"><small>DATE</small></p> <p><b>B. Further Action</b></p> <p><input type="checkbox"/> No further action being taken.</p> <p><input type="checkbox"/> Request for Debit for \$ _____ forwarded to FRB on _____</p>			
THIS BLOCK FOR FINANCIAL INSTITUTION USE			
<p>If information on the face of this form is WRONG, check appropriate box, and enter the corrections below:</p> <p><input type="checkbox"/> Recipient/beneficiary did not die; financial institution will not take further action.</p> <p><input type="checkbox"/> Date of death is wrong. Date of death from death certificate is _____</p> <p><input type="checkbox"/> Adjusted Outstanding Total (total of payments received after the correct date of death):  <small>(The Adjusted Outstanding Total is used by the financial institution if it is less than the OUTSTANDING TOTAL shown on the face of the form.):</small> \$ _____</p> <p><input type="checkbox"/> Adjusted outstanding total is greater than outstanding total on face of this form. (See Green Book for detailed instructions.)</p> <p>IF LESS THAN THE OUTSTANDING TOTAL IS BEING PAID, PROVIDE THE NAMES AND ADDRESSES OF THE PERSONS WHO WITHDREW FROM THIS ACCOUNT: _____</p> <p>_____  _____  _____</p> <p><small>(If the names of withdrawers cannot be determined, provide names of co-owners or persons with access to the account and explain why names of withdrawers cannot be provided.)</small></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top; padding: 10px;"> <p><b>CERTIFICATION NO. 1</b></p> <p>This certifies that the Notice to Account Owners form was mailed to the owners of the account at the addresses on the records of this financial institution on _____.</p> <p>If a correction has been made to the fact or date of death, this certifies that the date of death entered above is correct and that this financial institution took prudent measures to assure that the person is alive or that the date of death was erroneous.</p> <p>Signed _____</p> <p>Title _____</p> <p>Date _____</p> </td> <td style="width: 50%; vertical-align: top; padding: 10px;"> <p><b>CERTIFICATION NO. 2</b></p> <p>In accordance with 31 CFR 210, this certifies that this financial institution received the Notice of Reclamation on _____ and first learned of the death on _____. The financial institution had no knowledge of the death or legal incapacity of the recipient or death of the beneficiary at the time any of the payments listed were credited to or withdrawn from the account. An amount equal to the amount remaining in the account, including any additions to the account balance since the receipt of this notice, has been paid to the Government.</p> <p>Signed _____</p> <p>Title _____</p> <p>Date _____</p> </td> </tr> </table>		<p><b>CERTIFICATION NO. 1</b></p> <p>This certifies that the Notice to Account Owners form was mailed to the owners of the account at the addresses on the records of this financial institution on _____.</p> <p>If a correction has been made to the fact or date of death, this certifies that the date of death entered above is correct and that this financial institution took prudent measures to assure that the person is alive or that the date of death was erroneous.</p> <p>Signed _____</p> <p>Title _____</p> <p>Date _____</p>	<p><b>CERTIFICATION NO. 2</b></p> <p>In accordance with 31 CFR 210, this certifies that this financial institution received the Notice of Reclamation on _____ and first learned of the death on _____. The financial institution had no knowledge of the death or legal incapacity of the recipient or death of the beneficiary at the time any of the payments listed were credited to or withdrawn from the account. An amount equal to the amount remaining in the account, including any additions to the account balance since the receipt of this notice, has been paid to the Government.</p> <p>Signed _____</p> <p>Title _____</p> <p>Date _____</p>
<p><b>CERTIFICATION NO. 1</b></p> <p>This certifies that the Notice to Account Owners form was mailed to the owners of the account at the addresses on the records of this financial institution on _____.</p> <p>If a correction has been made to the fact or date of death, this certifies that the date of death entered above is correct and that this financial institution took prudent measures to assure that the person is alive or that the date of death was erroneous.</p> <p>Signed _____</p> <p>Title _____</p> <p>Date _____</p>	<p><b>CERTIFICATION NO. 2</b></p> <p>In accordance with 31 CFR 210, this certifies that this financial institution received the Notice of Reclamation on _____ and first learned of the death on _____. The financial institution had no knowledge of the death or legal incapacity of the recipient or death of the beneficiary at the time any of the payments listed were credited to or withdrawn from the account. An amount equal to the amount remaining in the account, including any additions to the account balance since the receipt of this notice, has been paid to the Government.</p> <p>Signed _____</p> <p>Title _____</p> <p>Date _____</p>		



**Notice of Reclamation (FMS-133), FRONT**

Sample: Part 5 Below is a sample of Part 5, Notice to Account Owners, of the FMS-133.

For Paperwork Reduction Act Statement and Burden Estimate Statement See Reverse Side "Notice to Account Owners" Copy			OMB NO.: 1510-0043 Expiration Date: 02/28/2000		
<b>DIRECT DEPOSIT</b> <b>ELECTRONIC FUNDS TRANSFER</b> <b>FEDERAL RECURRING PAYMENTS</b>  <b>NOTICE OF RECLAMATION</b>			FROM:  DATE:		
RECIPIENT AND/OR BENEFICIARY NAME			CLAIM NUMBER		DATE OF DEATH
DATE OF PAYMENT	AGENCY AND/OR TYPE OF PAYMENT	TRACE NUMBER	TYPE OF ACCOUNT	DEPOSITOR ACCOUNT NUMBER	AMOUNT
AMOUNT OF PAYMENTS RECEIVED WITHIN 45 DAYS			OUTSTANDING TOTAL		

**NOTICE TO ACCOUNT OWNERS FROM THE GOVERNMENT**

The Government has received information that the person named on this notice is deceased. The purpose of this notice is to inform you that by law entitlement to Government benefits for this person ended at death. Therefore, the Government must recover all payments made after the date of death. If there has been an error and this person is not deceased, or if the date of death is wrong, this notice explains how to correct the mistake. If you do not understand this notice, please get help from either your financial institution or the Government agency that was making payments.

**PAYMENTS TO THIS PERSON HAVE BEEN STOPPED**

Your financial institution has been asked to return the payments shown on this notice to the Government because they were issued in error. The Government has asked your financial institution to send this notice to you, the account owner. Your financial institution must notify you if it has taken action to recover these funds from the account. Contact your financial institution immediately if you do not understand its actions. If the Government is unable to collect from the financial institution the full amount of the payments made after death, you may be contacted by the agency which made the payments.

**IF THE PERSON IS NOT DECEASED**

If the person is not deceased, immediately contact both your financial institution and the agency that made the payments to correct the error. The Government regrets any inconvenience this error may cause. Your financial institution can correct the collection action if it is given satisfactory proof that the person is alive. **NOTE: YOU MUST CONTACT THE AGENCY THAT MADE THE PAYMENTS BECAUSE THIS ERROR HAS STOPPED FURTHER PAYMENTS. ONLY THE AGENCY CAN RESTART THE PAYMENTS.**

NOTICE TO ACCOUNT OWNERS

## *Notice of Reclamation (FMS-133), BACK*

Sample: Part 5 Below is a sample of Part 5, Notice to Account Owners, of the FMS-133.

### IF THE DATE OF DEATH IS WRONG

If the date of death shown is wrong, immediately show your financial institution a copy of the death certificate which will permit it to make any needed adjustment to the amount it must return to the Government. If it is inconvenient to go to the financial institution, bring this notice and a death certificate to the agency that made the payments so correction may be made. The agency that made the payments is shown using these abbreviations:

SOCIAL SECURITY ADMINISTRATION: RSI-SSA; DIB-SSA; RSI-SSI

DEPARTMENT OF VETERANS AFFAIRS: VA

OFFICE OF PERSONNEL MANAGEMENT: OPM

RAILROAD RETIREMENT BOARD: RRB

OTHER AGENCY ABBREVIATIONS: AF RET PAY; ARMY RET; ARMY BEN;

MarCorRet; MarCorAnn; NAVYRET; NAVY ANN; CIADSANNU

### SURVIVOR BENEFITS

Persons related to the deceased may qualify for survivor payments. Survivors should contact the agency that made payments to determine whether they are eligible.

#### **NOTICE FOR FINANCIAL INSTITUTION ONLY**

##### **Paperwork Reduction Act and Privacy Act Statement**

By authority of 5 USC 301, 12 USC 391, and Title 31, Code of Federal Regulations, Part 210, the information requested on these forms is mandatory in order for Treasury to recover from your organization one or more Electronic Funds Transfer payments which the recipient or beneficiary named was not entitled to receive. Failure to provide all the required information and to return an amount equal to the amount in the account (up to the total being reclaimed) before the deadline may cause Treasury to contact your Federal Reserve bank to automatically debit your account (or that of your correspondent).

##### **Burden Estimate Statement**

The estimated average time (burden hours) associated with filling out this paperwork is 12 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden associated with the time spent collecting this information should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, 3361-L 75th Avenue, Landover, MD. 20785 and the Office of Management and Budget, Paperwork Reduction Project (1510-0043), Washington, D.C. 20503. **THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT TO COLLECT THIS DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.**

### *General Reclamation Guidelines:*

1. The ACH return method must be used when returning a full payment in response to a Notice of Reclamation. (By doing so, the RDFI will obtain automated, precise, complete, and permanent credit for what it returns. Such a credit will then also prevent any further claims for the same payment.) When returning a partial payment (i.e., any amount less than a full ACH payment), you must use a check and attach a copy of the relevant Notice of Reclamation with the total of the partial payment listed on the reverse of the Notice of Reclamation.
2. When responding to the Notice of Reclamation, the RDFI only needs to sign the required Certifications (as long as they are correct statements of fact) on the Disbursing Office copy of the form. There is no need to sign multiple pages or copies of the same form. The RDFI must return three (3) copies of the form—keeping its own copy, and forwarding the Notice to Account Owners.
3. The RDFI signature must be in black or dark blue ink. No other ink colors, pencil, rubber-stamped, or other reproduced signatures will be accepted. The signature must include at least the signer's first initial and last name. The signer's title and the date signed (in the signature block) may be rubber-stamped or reproduced.
4. When returning the Notice of Reclamation, or writing the government about the reclamation before the deadline, the RDFI must use the address of the Government Disbursing Office found at the top right corner of the reclamation. Only the Government Disbursing Office has the files on this case. Replying to any other address may risk full liability for the RDFI if the deadline expires.

### *Incomplete or Inadequate RDFI Replies:*

The government may reject an incomplete or inadequate reclamation reply back to the RDFI only one time, clearly indicating what is lacking. If the RDFI's subsequent reply is still incomplete or inadequate, the government will not reject it again. Instead, the government will proceed to a full debit action.

Also, if an inadequate reclamation reply is received by the government two (2) business days or less before the Reclamation's deadline, the government will not reject it, due to lack of time. Instead, the government will proceed to a full debit action.



**Table 3-B How to Respond to the Notice of Reclamation**

1. Immediately determine the account balance amount. While not required under 31 CFR 210, it is in the RDFI's interest to protect the funds or return immediately any remaining balance up to the amount of the Reclamation. This minimizes the risk of incurring liability for the withdrawal of any post-death benefit payments.
2. Check for other types of Federal benefit payments that the deceased may have been receiving and take steps to ensure prompt return of all subsequent post-death benefit payments.  
  
If the account remains open and additional Federal benefit payments on this case are credited to the account before the RDFI replies, then those deposits become part of the amount that must be paid in response to the Notice of Reclamation, not to exceed the outstanding total.
3. Promptly mail the Notice to Account Owners\* (Part 5) to the last known address(es) of the account owner(s).
4. Notify the account owner(s) of any action that the RDFI has taken or plans to take against the account.
5. If you have met the criteria listed in steps 1 - 4 and have also complied with the Limiting Liability section, then proceed to 5b and then 6. If not, proceed only to 5a.

#### 5a. Steps to take Under Full Liability

Respond to the Notice of Reclamation so that it is received by the Government Disbursing Office within 60 days from the date of the Notice.

If the RDFI fails to meet the qualifications for limiting its liability, it is liable for all benefit payments received after the death or legal incapacity of a recipient or death of a beneficiary. The RDFI must return all post-death payments listed on the reclamation and any subsequent benefit payments received after receipt of the reclamation, so that payments are received by the Government Disbursing Office within 60 days of the date on the reclamation.

This is the final action RDFIs take under full liability.

*continued next page >*

\* Some withdrawers may wish to restore all or part of the withdrawn post-death payments to the account upon receipt of a Notice of Reclamation to Account Owners. Repayment to the account by the withdrawer upon receipt of the Notice of Reclamation is not required or requested by the government.

**Table 3-B How to Respond to the Notice of Reclamation (continued)****5b. Steps to take Under Limited Liability**

Respond to the Notice of Reclamation so that it is received by the Government Disbursing Office within 60 days from the date on the Notice.

IF the <u>outstanding total</u> ** was	THEN
Previously repaid to the Federal government (e.g., by the beneficiary's survivor)	The RDFI's obligation to the Federal government has been satisfied and the RDFI must return the Notice of Reclamation, attaching proof of the repayment, so that it is received by the Government Disbursing Office within 60 days of the date on the Notice. (See <u>Types of Evidence</u> ).
6. IF the account balance amount is	THEN
Equal to or greater than the outstanding total	<p>The RDFI must return the full amount listed on the Notice of Reclamation by ACH, not to exceed the outstanding total, within 60 days of the date on the Notice.</p> <p>The RDFI must also return the Notice of Reclamation so that it is received by the Government Disbursing Office within 60 days of the date on the Notice.</p> <p>Complete and sign <u>Certification #1</u>*** and, if the RDFI had no knowledge of the death at the time the payment(s) was received or withdrawn, also sign <u>Certification #2</u>**** on the back of the Disbursing Office copy of the Notice of Reclamation. Original signatures are required.</p>
Less than the outstanding total	<p>Return an amount equal to the account balance.</p> <p>Complete and sign <u>Certification #1</u>*** and, if the RDFI had no knowledge of the death at the</p>

*continued next page>*

\*\* The Outstanding Total is the sum of all Federal benefit payments received after death or legal incapacity, minus any amount returned to or recovered by the government.

\*\*\* Certification #1 on the back of the Disbursing Office copy of the Notice of Reclamation certifies that: the Notice to Account Owners was sent; account owners were notified of any action the RDFI has taken or plans to take against the account; and the RDFI took proper corrective action regarding any error in date of or fact of death.

\*\*\*\* Certification #2 on the back of the Disbursing Office copy of the Notice of Reclamation, certifies that the RDFI had no actual or constructive knowledge of the death at the time of deposit or withdrawal of any of the post-death payments; and, that the RDFI has returned the amount of the account balance to the government.

(continued from previous page)

time the payment(s) was received or withdrawn, also sign Certification #2\*\*\*\* on the back of the Disbursing Office copy of the Notice of Reclamation. Original signatures are required.

If the Notice of Reclamation is incorrect due to error in fact or date of death, see Learning of an Error (page 5-27).

In the case of payments for Social Security Federal Old-Age, Survivors, and Disability Insurance (SSA) or benefit payments certified by the Railroad Retirement Board or the Department of Veterans Affairs (VA)\*\*\*\*, provide the Government Disbursing Office the following information:

- Name(s) and most current address(es) of: the recipient and any co-owner(s) of the recipient's account; all other persons authorized to withdraw funds from the recipient's account; and all other persons who withdrew funds from the account after the death or legal incapacity of the recipient or death of the beneficiary. If this is impossible, explain in writing why this information cannot be furnished.
- If that is impossible, give the names and addresses of all co-owners and other authorized signers on this account.
- If some or all of the withdrawals were by ATM, debit card, or by fraudulent means, then state that in the response, and list names and addresses of all persons authorized to use the ATM or debit cards, in addition to the names and addresses of account co-holders.
- If all of the above requirements are impossible to fulfill, then the RDFI must certify that no such information is available and explain why; AND, as a last resort, provide the last known address of the deceased recipient.

Acceptable proof of payment can be...

- a statement of the date of return, if returned by ACH; or
- copies of canceled checks used to return any partial payments (include front and back of check).

If the Government Disbursing Office rejects the proof, it will send the RDFI a Reject Notice (FMS-2940).

The Disbursing Office or authorizing Federal agency will verify whether the ACH returns were accepted. If all ACH returns were not accepted or if only a partial amount was repaid, the RDFI is still liable for the balance and the reclamation process continues.

**Note:** Retain your copy of the Notice of Reclamation, including your reply, and any returns for your records.




---

\*\*\*\* In the case of payments for other than SSA, RRB or VA, RDFI's are prohibited by the Financial Privacy Act from releasing information about individuals other than the payment recipient. Even though the RDFI cannot provide the information, they still can limit their liability by complying with the procedures defined in this chapter.

### *Time Limits for Federal Reclamations*

1. **INITIATION OF RECLAMATION:** The authorizing Federal agency must initiate the reclamation within 120 days after the date that the agency receives notice of the death or legal incapacity of the recipient.
2. **SCOPE OF RECLAMATION:** An RDFI is not liable for any post-death benefit payments made more than six years prior to the date of the notice of reclamation, except under the following circumstance:

“If the account balance at the time the RDFI receives the notice of reclamation exceeds the total amount of all post-death or post-incapacity payments made by the agency during such six-year period, this limitation shall not apply and the RDFI shall be liable for the total amount of all payments made, up to the amount in the account at the time the RDFI receives the Notice of Reclamation and has had a reasonable opportunity (not to exceed one business day) to act on the notice.” [31 CFR Part 210.10(d)]
3. **COINCIDING WITH DATE OF DEATH:** An RDFI is not liable for any benefit payment dated (whose effective date is) the same as the date of death..
4. **RDFI REACTION TIME:** The RDFI, upon receipt of the government’s Notice of reclamation, has **UP TO ONE BUSINESS DAY** to react to that reclamation by determining the account balance, and by preventing any further withdrawals of post-death government benefit payments from the account, if possible under the terms of the contract with the account holder.
5. **RDFI RESPONSE DEADLINE:** The RDFI has up to 60 days from the issue date of the reclamation to provide a full and accurate response to the proper Government Disbursing Office. Failure to respond timely may result in a debit to the RDFI’s Federal Reserve account or the account of its correspondent for the total amount of the reclamation. This debit action will be final.



**Note:** *If the Reclamation deadline is imminent, the RDFI should consider using overnight mail or some similar means to be sure to meet the government’s deadline. If the RDFI wants proof it met the deadline, it should consider using Certified “return receipt” mail or similar means for a signed receipt.*

### *Follow-up to the Notice of Reclamation (FMS-2942)*

A Follow-Up Notice is sent if the Government Disbursing Office failed to receive any response within 30 days of the Notice of Reclamation; or if the RDFI’s response to the Notice of Reclamation was incomplete or inaccurate.

A Follow-Up Notice is a reminder to the RDFI that a response must be received by the Government Disbursing Office in no later than 30 days or the RDFI will forfeit the right to limit its liability.

**A copy of the original Notice of Reclamation is attached to the Follow-Up Notice.** Any questions regarding this matter should be directed to the Government Disbursing Office shown in the upper right corner of the Notice of Reclamation.

### *Federal Agency Collection from Withdrawers*

If all or part of the post-death payments have been withdrawn from the account before the RDFI learns of the death, and the RDFI properly responds to the Reclamation and is qualified to limit its liability, the authorizing Federal agency will then attempt to collect the outstanding total from the withdrawer(s).

If the authorizing Federal agency is unsuccessful in collecting all of the outstanding total from the withdrawer(s), the RDFI's remaining liability (the 45-day amount) will be collected by debiting the RDFI's or its correspondent's Federal Reserve account.

### *Debit of the RDFI's Account (FMS-135)*

If the RDFI fails to respond completely and accurately to a Notice of Reclamation by the due date, the Government Disbursing Office will send the Request for Debit (FMS-135) to the Federal Reserve to debit the RDFI's Federal Reserve or its correspondent account for the full amount of its outstanding liability. This debit action is final.

The table below shows when the authorizing Federal agency can exercise its authority to have an RDFI's Federal Reserve account debited.

**Table 3-C**

**If the RDFI:**

**Then its (or its correspondent's) reserve account:**

Fails to respond accurately and completely to the Notice of Reclamation	will be debited for the outstanding total.
Fails to respond within the 60-day time limit of the Notice of Reclamation	
Responds accurately, completely, and timely, (i.e., limited its liability) but the authorizing Federal agency cannot collect the outstanding total from the withdrawers	will be debited for the 45-day amount not to exceed the outstanding total.

<b>DIRECT DEPOSIT</b>		FROM:
ELECTRONIC FUNDS TRANSFER FEDERAL RECURRING PAYMENTS		
FOLLOW-UP TO NOTICE OF RECLAMATION		DATE:
REFERENCE: NOTICE OF RECLAMATION DATED: _____ (Copy Attached)		
FOR: _____ (Name) (Claim Number)		
<p>Your financial institution did not properly respond to the attached Notice of Reclamation as required by 31 CFR Part 210. In order to avoid the possibility of a debit to your Federal Reserve account or the account of your correspondent, a properly completed Notice of Reclamation must be received by this office within 30 days from the date of this notice.</p>		
ROUTING NUMBER: TO:		
		DEPARTMENT OF THE TREASURY FINANCIAL MANAGEMENT SERVICE PROGRAM MANAGEMENT DIVISION FMS 3342 (3-89) EDITION OF 12-84 IS OBSOLETE

FINANCIAL ORGANIZATION COPY

*Sample FMS-135, Request for Debit of the RDFI's Account*

For Paperwork Reduction Act Statement and Burden Estimate Statement  
See Reverse Side "Financial Institution Copy"

OMB NO.: 1510-0043

<b>FMS FORM 135</b> <small>2-90 EDITION OF 3-89 IS OBSOLETE</small> DEPARTMENT OF THE TREASURY FINANCIAL MANAGEMENT SERVICE	<b>REQUEST FOR DEBIT ELECTRONIC FUNDS TRANSFER FEDERAL RECURRING PAYMENTS</b>
TO: FEDERAL RESERVE BANK	ROUTING NO. OF FINANCIAL INSTITUTION
	AMOUNT TO BE DEBITED \$
	CLAIM NUMBER
FROM: DEPARTMENT OF THE TREASURY	NAME OF REPRESENTATIVE PAYEE AND/OR BENEFICIARY
AUTHORIZED BY:	DEPOSITOR ACCOUNT NUMBER
	TYPE OF ACCOUNT
DATE:	
<p>Please debit the appropriate account for the above identified financial institution for the above amount which represents liability to the Government for recurring payments issued after the date of non-entitlement due to the death or legal incapacity for the individual shown.</p> <p>Please complete the attached SF-215, Certificate of Deposit, debit the appropriate account for the above financial institution, make the appropriate entry on the Treasury's daily transcript, and complete the information below on all copies of the Request for Debit.</p> <p>The original and D copy of the Request for Debit and the attachments should be forwarded to the above financial institution. The A &amp; B copies of the Request for Debit should be returned to the Treasury Financial Center above. The C copy is for your records.</p>	
ENCLOSURE <b>TO BE COMPLETED BY FRB</b>	
CERTIFICATE OF DEPOSIT NO.	DATE OF DEPOSIT

FINANCIAL INSTITUTION COPY



### *How to Prevent or Limit the Amount of a Debit to the RDFI's Federal Reserve Account*

RDFIs should make certain that their processing of government Reclamations is carefully controlled and monitored, and that all employees responsible for handling Reclamations are thoroughly familiar with the rules and procedures.

- As soon as any RDFI employee learns of a death, he/she must immediately pass the information to RDFI employees responsible for handling Federal benefit payments. The RDFI has one business day to act on such information.
- Notify all paying benefit agencies of the death.
- Return immediately, by ACH, any subsequent post-death benefit payments to the Government Disbursing Office.
- Respond to the Notice of Reclamation accurately, completely, and promptly.
- Anything an RDFI can do to learn of the death of recipients sooner will help to minimize the chances of a debit action.



**Note:** ACH Return Reason Code R15 constitutes proper notification to the Federal Agency.

### **C. Errors in Death**

#### *If the Person did not Die*

The RDFI is authorized by the government to terminate the reclamation if it obtains satisfactory proof that the recipient or beneficiary is alive.

In such cases, the RDFI must still return the Notice of Reclamation on time. Failure to respond to the Notice of Reclamation so that it is received by the Government Disbursing Office within 60 days from the date of the Notice, will result in a debit to the RDFI's or its correspondent's account at the Federal Reserve for the outstanding total. Such debits can be restored only after a verification process by the authorizing Federal agency.

#### *Types of Evidence*

The following are acceptable types of proof for verifying that the person did not die:

- Driver's license, picture ID or other evidence similar to that required for cashing a check, if the recipient or beneficiary appears at the RDFI.
- A signed, dated, and notarized statement attesting to the fact that the recipient or beneficiary is alive if, he/she is unable to appear at the RDFI.
- A written statement from the authorizing Federal agency verifying that the recipient or beneficiary is alive.

The RDFI is not obligated to accept the proof or to contact the authorizing Federal agency if any disagreements or questions arise with the person presenting the proof. Prudence is

required, as the action taken by the RDFI may affect its liability. Disagreements will be adjudicated by the authorizing Federal agency after it has been contacted by the person presenting the proof.

### *Accepting the Proof*

The table below shows what actions the RDFI must take if it accepts the proof that the person did not die.

**Table 3-D**

**Step    Action**

1	Correct the error in the fact of death on the Disbursing Office Copy of the Notice of Reclamation.
2	Sign Certification #1 on the back of the Disbursing Office Copy of the Reclamation, certifying that a correction has been made.
3	Timely return the Notice of Reclamation with a copy of proof of error in fact of death to the Government Disbursing Office.
4	Advise the recipient to contact the authorizing Federal agency to restart payments.

### *Rejecting the Proof*

The table below shows the actions the RDFI must take if it rejects the proof that the person did not die.

**Table 3-E**

**Step    Action**

1	Continue to process the Notice of Reclamation, which includes sending the Notice of Reclamation to Account Owners.
2	Refer the person presenting the proof to the Federal agency.
3	Notify the account owner(s) to provide a written statement from the Federal agency verifying that the recipient or beneficiary is alive, or the reclamation process will continue.

### *Restarting Payments*

Once a reclamation has been processed, all further benefit payments will be stopped. Presenting acceptable proof that the death report was in error and stopping the reclamation process does not restart the payments. The recipient or beneficiary must contact the authorizing Federal agency to restart the payments and to re-enroll for Direct Deposit.

### *If the Date of Death is Wrong*

The RDFI is authorized to adjust the outstanding total, provided it obtains acceptable proof that the date of death shown on the Notice of Reclamation is wrong.



**Note:** RDFIs are only authorized to make adjustments to the outstanding total if there is an error in the month or year of death.

The **only acceptable proof** of an error in the date of death is a **copy of the death certificate**.

### *Day of the Month is Wrong*

The table below shows the actions the RDFI needs to take if the day of the month is wrong.

**Table 3-F**

IF	THEN	AND
only the day of the month of death is wrong	The RDFI must provide a copy of the death certificate with the correct day of death in its response because this could affect the calculation of the limited liability amount.  <b>Note:</b> DO NOT make any adjustments to the outstanding total.	The RDFI must respond timely to the Notice of Reclamation.

### *Month or Year is Wrong*

The table below shows the actions the RDFI must take if the month or the year is wrong.

**Table 3-G**

Step	Action
1. Enter the correct date of death on the back of the Disbursing Office Copy of the Notice of Reclamation.	
2. IF the correct date of death is	THEN
Later than the reported date of death	go to Step 3.
Earlier than the reported date of death	the RDFI must... Inform the account owners of the error; and check the appropriate box on the back of the Disbursing Office Copy of the Notice of

*continued next page >*

(continued from previous page)

Reclamation; and pay the amount listed on the Notice of Reclamation.

**Note:** Additional payments will be collected by a subsequent reclamation. However, if the RDFI is aware of any additional post-death benefit payments, it is in its best interest to return them immediately. Refer to Subsequent Reclamations, page 5-28. Go to step 6.

- 
3. Sign Certification #1 on the back of the Disbursing Office Copy of the Notice of Reclamation.
- 
4. Complete the worksheet for adjusting the outstanding total. Refer to page 5-28.
- 
5. Pay the appropriate amount using the adjusted outstanding total. If the amount returned is less than the adjusted outstanding total...
    - sign Certification #2 on the back of the Disbursing Office Copy of the Notice of Reclamation; and
    - list by name and address all withdrawers, co-owners, and authorized signers, as described in Step 6 (except as stated in Table 3B, page 5-19).
- 
6. Return the completed Notice of Reclamation so it is received by the Government Disbursing Office within 60 days of the date on the Notice.
- 

**Note:** If the outstanding total was adjusted, a copy of the worksheet or a brief explanation of the adjustment must be included with the Notice of Reclamation.



### **Learning of an Error After Completing a Reclamation**

If the RDFI learns of an error in the date of death after returning a completed Notice of Reclamation and it has already satisfied its liability, it should contact the authorizing Federal agency (based on the payment type listed on the Notice of Reclamation) to make the appropriate adjustment.

If the RDFI is due a refund, the RDFI must provide supporting documentation to the authorizing Federal agency.

**Note:** Only the authorizing Federal agency can make adjustments at this stage. Do not contact the Government Disbursing Office.



### Worksheet for Adjusting the Outstanding Total if the Date of Death is Wrong

The worksheet must be used by the RDFI to calculate the adjusted total if there is an error in the date of death. When an RDFI needs to make an adjustment, it must photocopy the worksheet (Table 3-H), and return it with the Notice of Reclamation.

**Table 3-H**

	PMT 1	PMT 2	PMT 3	PMT 4
List the month/day/year of each payment shown on the Reclamation form.	_____	_____	_____	_____
For each payment (shown on the Reclamation) did the person die before the date of the payment? (Enter "yes" or "no")	_____	_____	_____	_____
For each "yes", enter the dollar amount of the payment. (Do not enter the dollar amount if "no.")	_____	_____	_____	_____
Total all "yes" payments    \$_____				
(This is the adjusted outstanding total to use on the Notice of Reclamation).				



**Note:** The RDFI must photocopy the worksheet and return with the Notice of Reclamation. If the worksheet is not completed and returned, it may delay the process and/or cause the Notice of Reclamation to reject.

### D. Subsequent Notice of Reclamation

The government may issue a subsequent Notice of Reclamation if the original Notice of Reclamation did not list all post-death benefit payments.

A subsequent Reclamation will be issued if the date of death was earlier than shown on the original Notice of Reclamation, resulting in additional post-death payments that should be recovered.

#### What to do

The table below shows what actions the RDFI must take if it receives a subsequent reclamation:

**Table 3-I**

**Step    Action**

1	Respond as it would to an original Notice of Reclamation (See Table 3-B, p. 5-17).
2	Attach a brief cover letter, indicating that this is a subsequent Notice of Reclamation and cite the date of the original Notice of Reclamation.

### *Previous debit*

If the RDFI has already been debited on a reclamation case, it will not be debited for an additional 45-day amount on a subsequent Reclamation on the same case, provided it qualified to limit its liability in response to the original Notice of Reclamation. However, the RDFI is still required to respond to all official Notices of Reclamation in order to maintain its limited liability.

## **E. Contacts**

### Regional Financial Centers Claims Telephone Numbers

<b>Center</b>	<b>Telephone</b>
Philadelphia Financial Center . . . . .	(215) 516-8154
Kansas City Financial Center. . . . .	(816) 414-2150
Austin Financial Center . . . . .	(512) 342-7261
San Francisco Financial Center . . . . .	(415) 817-7183
Birmingham Debt Management Center. . . . .	(205) 912-6181

# 6 Federal Government Notification of Change

## Overview

Notification of Change (NOC) is used to change and/or correct account information for Federal government transactions processed through the Automated Clearing House (ACH). Although the Federal government basically follows NACHA Operating Rules for NOCs, some of the data requirements for Federal government NOCs are not the same as those for commercial NOCs. The procedures contained in this chapter apply only to Federal government NOCs.

## In this Chapter...

<b>A. Introduction to Notification of Change</b>	<b>6-2</b>
When to use NOCs	6-2
When not to use NOCs	6-2
Processing Timeframes	6-3
If an Agency does not Respond to an NOC	6-3
Change Reason Codes	6-3
Claim Number Structure	6-4
Claim Number Structure Table	6-5
<b>B. Other Change Methods</b>	<b>6-5</b>
Financial Institution Actions	6-5
<b>C. Refused Notification of Change</b>	<b>6-8</b>
Federal Agencies Using Refused NOCs	6-8
Processing Timeframes	6-8
Refused NOC Codes	6-8
<b>D. Common Errors with NOCs</b>	<b>6-9</b>
Common Errors in the “For the Account Of” Box	6-9
Common Errors in the “Change Field” Box	6-11
Common Errors in the “Returned By” Box	6-11



## A. Introduction to Notification of Change

Notification of Change (NOC) is a method used by a financial institution to notify a Federal agency to correct or change account information in an entry the Federal agency processed through the ACH. Refer to the NACHA Operating Rules for formats and instructions.



**Note:** ENRs should not be used in place of NOCs to correct account information, unless the recipient is initiating a new Direct Deposit authorization or changing financial institutions.

### When to use NOCs

NOCs are used for Federal government (both civilian and military) payments that are made on a recurring basis. Examples are:

#### *Benefit Payments*

- Department of Veterans Affairs
- Office of Personnel Management
- Railroad Retirement Board
- Social Security Administration
- Supplemental Security Income

#### *Other Payment Types*

- Federal salary
- *TreasuryDirect*
- Vendor and miscellaneous

### When NOT to use NOCs

To change	Recipient must
Title/ownership of account Interest of the recipient or beneficiary in the account From one financial institution to another Account information for one-time payments (e.g., IRS Electronic Tax Refunds)	Complete a new enrollment (ENR)
Name of recipient (e.g. following marriage)	Contact the Federal agency that authorized the payment.

## Processing Timeframes

Generally, NOCs will be processed for the next ACH transaction. (Due to operational limitations, it may take two payment cycles for some NOCs to be processed. Treasury and the Federal agencies will continue to work to improve the NOC process.)

## What to do if an agency does not respond to an NOC within two payment cycles

- Verify that the NOC was properly formatted. In particular, make sure that the NOC contained the correct original RDFI routing number.
- If the NOC was correctly formatted, contact your FMS Regional Financial Center (RFC) Customer Assistance Staff (CAS). See Chapter 8 for Contact information. The CAS will work with the agency for resolution.
- Make sure that rejected NOCs are acknowledged and resolved. (See below)

Questions? Contact the nearest FMS Customer Assistance Staff:

Austin . . . . . (512) 342-7300

Kansas City . . . . . (816) 414-2100

Philadelphia . . . . . (215) 516-8015

San Francisco . . . . . (415) 817-7300

## Change Reason Codes

Due to limitations in the Federal government's disbursing systems, the government is only able to process the following six NOC codes: C01, C02, C03, C05, C06 and C07. At this time, these are the only authorized Change Reason Codes. Federal agencies will not process any others.

The following table shows when to use the Change Reason Codes.

Change Reason Code	Change Reason	When to Use
C01	Incorrect Account Number	Correct data entry errors in the account information.  Issue a new number to an existing account.  Modify the account numbering system (e.g., to drop a branch code).
C02	Incorrect Routing Number (RTN)	Accommodate a merger or system consolidation.  Change the RTN to the preferred RTN for the financial institution.

*continued next page >*

*When to use the Change Reason Codes (continued)*

Change Reason Code	Change Reason	When to Use
C03	Incorrect RTN and Incorrect Account Number	Accommodate a merger or system consolidation.
C05	Incorrect Transaction Code	Change from checking to savings or savings to checking.
C06	Incorrect Account Number and Incorrect Transaction Code	Correct a data entry error in the account information, and change from checking to a savings or savings to checking.  Issue a new account number and transaction code.
C07	Incorrect RTN, Incorrect Account Number and Incorrect Transaction Code	Accommodate a merger or system consolidation.



**Note:** The only Transaction Codes recognized by the Federal government for NOCs are:

<u><b>For checking (demand)</b></u>	<u><b>For savings</b></u>
22 (credit)	32 (credit)
27 (debit)	37 (debit)

## Claim Number Structure

Federal agencies have special structures for their claim numbers (Individual ID number). The claim number is important to identifying the payment recipient whose payment information must be changed.

Accurate formatting of the claim number is critical for processing changes. Note that pattern differences exist between Federal agencies. These claim numbers must include all spaces, hyphens, prefixes, suffixes, alphanumeric characters, and trailing or leading zeros that accompanied the original payment information.

## Claim Number Structure Table

The following table represents correct claim number structures used in formatting NOCs.

Agency	Claim Number Structure	Example
Social Security Administration	999999999XXbSSA 999999999XbbSSA 999999999bbbSSI	123456789C1_SSA 123456789A__SSA 123456789__ _ SSI
Office of Personnel Management	Xb9999999bXbXXX Xb9999999b9bXXX	F_1234567_W_CSF A_1234567_0_CSA
Department of Veterans Affairs	999999999b99b99 999999999b99b99	162306890_10_01 12345678_00_06
Railroad Retirement Board Retirement/Annuity	XXX999999999b9b Xbb99999999bbb9b XXbZZZZZ9bbb9b	WCA123456789_7_ A_123456__ _ _1_ WD_000006__ _ _8_
Unemployment/Sickness	bbb999999999	_ _ _123456789
Department of Labor	999999999XXbXXb	123456789LW_MB_

**Key:** X = alphanumeric, 9 = numeric, b = blank, Z = zero filled, \_ = space

## B. Other Change Methods

NOC will replace all other change methods in the near future. Meanwhile, financial institutions not using NOCs may continue to submit:

- corrected Direct Deposit Sign-Up Forms (SF 1199As) to Federal agencies, or
- letters to Federal agencies requesting changes

## Financial Institution Actions

The table below contains instructions for financial institutions not using NOCs.

Type of Payment	Fewer than 100 payments, SUBMIT corrected photocopies of SF 1199As or letters to:	More than 100 payments, CONTACT
<b>Air Force</b>		
Active Duty Reserve	Defense Finance and Accounting Service	(303) 676-7171
Air National Guard	Denver/JFBA 6760 E. Irvington Place	
Active Duty Allotments	Denver, CO 80279-3000	(303) 676-7213
<b>Army</b>		
Active Duty Reserve	DFAS-Indianapolis Center 8899 E. 56th Street	1 (888) 729-2769
Active Duty Allotments	Indianapolis, IN 46249-2801	

*continued next page >*

*Instructions for financial institutions not using NOCs (continued)*

Type of Payment	Fewer than 100 payments, SUBMIT corrected photocopies of SF 1199As or letters to:	More than 100 payments, CONTACT
<b>Bureau of the Public Debt</b>		
Federal Housing Administration Debenture Payments	Bureau of the Public Debt Special Investments Branch P.O. Box 396 Parkersburg, WV 26106-0396	(304) 480-5299
<i>TreasuryDirect</i>	Bureau of the Public Debt Customer Assistance Branch P.O. Box 426 Parkersburg, WV 26102-0426  <i><b>Note:</b> Financial institutions should submit systemwide changes to TreasuryDirect with the understanding that they agree to pay the Treasury and security owners for any losses resulting from errors made by the institution. (31 CFR Part 370.12)</i>	1 (800) 722-2678
Savings Bonds Agent's Fees	Bureau of the Public Debt Classification and Reports Section P.O. Box 1328 Parkersburg, WV 26106-1328	1 (800) 322-1909
Series H/HH Savings Bond Interest Payments	Bureau of the Public Debt Current Income Bond Branch Parkersburg, WV 26106-2186	(304) 480-6112
State and Local Government Series Securities Payments	Bureau of the Public Debt Special Investments Branch P.O. Box 396 Parkersburg, WV 26106-0396	(304) 480-5299
United States Mortgage Guaranty Insurance Company Tax and Loss Bonds Payments		

*continued next page >*

**Instructions for financial institutions not using NOCs (continued)**

Type of Payment	Fewer than 100 payments, SUBMIT corrected photocopies of SF 1199As or letters to:	More than 100 payments, CONTACT
<b>Coast Guard</b>		
Active Duty	Commanding Officer (Code PS) US Coast Guard Pay and Personnel Center 444 SE Quincy Street Topeka, KS 66683-3591	(785) 339-3506
Reserves	Commanding Officer (Code RES) US Coast Guard Pay and Personnel Center 444 SE Quincy Street Topeka, KS 66683-3591	(785) 339-3506
Retired	Commanding Officer (Code RPD) US Coast Guard Pay and Personnel Center 444 SE Quincy Street Topeka, KS 66683-3591	(785) 339-3416
<b>Department of Veterans Affairs</b>		
Veterans Compensation, Pension or Education (MGIB)	VA Regional Office that maintains the veteran's records	1 (877) 838-2778
Veterans Life Insurance		(215) 842-2000 ext. 14270
Federal Salary and Allotment payments (including payments by the military to civilian employees)(FED SALARY)	Federal employing agency authorizing the payment (address where original SF 1199As were mailed). If address is unknown, contact recipient/member.	
<b>Marine Corps</b>		
Active Duty/Reserve	DFAS - Kansas City Center 1500 E. 95th Street	(816) 926-5726
Active Duty Allotments	Kansas City, MO 64197-0001	(816) 926-7011

*continued next page >*

*Instructions for financial institutions not using NOCs (continued)*

Type of Payment	Fewer than 100 payments, SUBMIT corrected photocopies of SF 1199As or letters to:	More than 100 payments, CONTACT
<b>Navy</b>		
Active Duty	DFAS - Cleveland Center/JFECA	1 (800) 321-1080
Reserve	1240 East Ninth Street Cleveland, OH 44199-2055	
Retirement Pay	DFAS - Cleveland Center	1 (800) 321-1080
Army, Air Force, Navy, and Marine Corps	Retired Pay Operations P.O. Box 99191 Cleveland, OH 44199-1126	fax: 1 (800) 469-6559 Washington, DC Metro area ONLY: (202) 606-0500
<b>Office of Personnel Management</b>		
Civil Service Retirement (Annuity) (CIVIL SERVE)	Office of Personnel Management Retirement Operations Center P.O. Box 45 Boyers, PA 16017	1 (888) 767-6738 fax: (724) 794-6633
<b>Railroad Retirement Board</b>		
Railroad Retirement (RR RET)	Railroad Retirement Board Direct Deposit Coordinator 844 North Rush Street Chicago, IL 60611	(312) 751-4704

## C. Refused Notification of Change

Refused NOC is an automated method used by a Federal agency to notify the originating depository financial institution that the NOC information initiated cannot be processed.

### Federal Agencies Using Refused NOCs

The Social Security Administration (SSA), the Railroad Retirement Board (RRB), and the Office of Personnel Management (OPM) are the only Federal agencies processing Refused NOCs at this time.

### Processing Timeframes

NOCs that cannot be processed are usually refused to the financial institution before the next payment is submitted.

### Refused NOC Codes

There are six refused NOC codes authorized for Federal government ACH entries:  
C64, C65, C66, C67, C68, C69.



The table below shows the refused NOC code and the reason why the original NOC was refused.

### Code Reason

C64	Incorrect individual identification
C65	Incorrectly formatted corrected data
C66	Incorrect discretionary data
C67	Routing Number not from original Entry Detail Record
C68	DFI Account Number not from original Entry Detail Record
C69	Incorrect Transaction Code

## D. Common Errors with NOCs

The following examples illustrate typical errors made during the preparation of NOCs. Correct formatting of the highlighted information in the examples will help ensure timely processing of the NOCs by the Federal government. Please note that the NOC screens used in the examples are from the Federal Reserve's FedLine® system. Other ACH processing software screens may differ and you should check with your ACH software provider for further information.

The following are examples of common errors that occur in the "For the Account Of" box:

The screenshot shows a FedLine NOC screen. A callout box points to the 'FOR THE ACCOUNT OF' field, which contains the text: 123-45-6789A\_ \_SSA ..wrong. The callout box also shows the correct format: 123456789A\_ \_SSA ....correct. The callout box also shows the correct format for the suffix indicator: 123456789C1 .....wrong and 123456789C1\_ \_SSA .....correct.

**Dashes:**  
 123-45-6789A\_ \_SSA ..wrong  
 123456789A\_ \_SSA ....correct

**Two Suffix indicator:**  
 123456789C1 .....wrong  
 123456789C1\_ \_SSA .....correct

FedLine® is a registered trademark of the Federal Reserve Banks.

- Error #1 is the insertion of dashes into the Social Security Number.
- Error #2 is not leaving a blank space and then indicating SSA. (For SSA payments, there should be three characters and/or spaces between the last digit of the Social Security Number and the letters "SSA".)

**Note:** These errors will cause a C64 reject.

The following are more examples of common errors that occur in the “For the Account Of” box:

Create an Active Batch Automated Clearing House 10/01/1999 13:24:22LL12,C11	
TEST MODE	
ACH BATCH INFORMATION: -----	BATCH #: ---- STATUS: --
COLLECTED IN FILE: -----	
NOTIFICATION OF CHANGE	
Transaction Code --	Original Trace Number -----
Standard Entry Class Code COR	DI Account Number /-----/
Company Entry Description -----	Effective Entry Date /-----/
ORIGINATED BY:	Change Field 1 -----
Comp. Name -----	Change Field 2 /-----/
Comp. Discr Data (-----)	FOR THE ACCOUNT OF:
Comp. ID -----	Indiv ID(-----)
Comp. Descriptive Date (-----)	Individual Name -----
RETURNED BY:	Change Code -----
Originating DI ID -----	-----
Original Item Receiver ID(-----)	-----
REFUSAL OF CHANGE ONLY	
Code ---	Trace #
-----	-----

Does not indicate an SSI recipient:  
 123456789.....wrong  
 123456789\_\_SSI.....correct  
 Less than 3 blank spaces before SSI:  
 123456789\_SSI.....wrong  
 123456789\_\_SSI.....correct

- Error #1 is not indicating if the recipient is an SSI recipient.
- Error #2 is leaving less than three blank spaces before indicating SSI. (For SSI payments, there should be three blank spaces between the last digit of the Social Security Number and the letters “SSI”.)

**Note:** These errors will cause a C64 reject.

The following are examples of common errors that occur in the “Change Field” box:

Create an Active Batch Automated Clearing House 10/01/1999 13:24:22L12,C11	
TEST MODE	
ACH BATCH INFORMATION: -----	BATCH #: -----
COLLECTED IN FILE: -----	
NOTIFICATION OF CHANGE	
Transaction Code --	Original Trace Number -----
Standard Entry Class Code COR	DI Account Number /-----/
Company Entry Description -----	Effective Entry Date /-----/
ORIGINATED BY:	Change Field 1 -----
Comp. Name -----	Change Field 2 /-----/
Comp. Discr Data (-----)	FOR THE ACCOUNT OF: -----
Comp. ID -----	Indiv ID(-----) Disc Data(-----)
Comp. Descriptive Date (-----)	Individual Name /-----/
RETURNED BY:	Change Code ---
Originating DI ID -----	
Original Item Receiver ID(-----)	
REFUSAL OF CHANGE ONLY	
Code ---	Trace # -----
-----	111

**Spaces:**  
 645 7 8642 .....wrong  
 64578642 .....correct

**English used:**  
 S/B 64578642 ....wrong  
 64578642 .....correct

Account # in  
 Change Field 1..wrong  
 Routing # in  
 Change Field 1..correct

- Error #1 occurs when the account number has spaces in it.
- Error #2 occurs when the English language is used.
- Error #3 occurs when using CO3 (incorrect Routing Number and incorrect DFI account number) and the account number is in Change Field 1 instead of the Routing Number. When changing both the Routing Number and the account number, the Routing Number must appear in Change Field 1 and the account number in Change Field 2.

**Note:** These errors will cause a C65 reject.

The following are examples of common errors that occur in the “Returned By” box:

Create an Active Batch Automated Clearing House 10/01/1999 13:24:22L12,C11	
TEST MODE	
ACH BATCH INFORMATION: -----	BATCH #: ----- STATUS: --
COLLECTED IN FILE: -----	
NOTIFICATION OF CHANGE	
Transaction Code --	Original Trace Number -----
Standard Entry Class Code COR	DI Account Number /-----/
Company Entry Description -----	Effective Entry Date /-----/
ORIGINATED BY:	Change Field 1 -----
Comp. Name -----	Change Field 2 /-----/
Comp. Discr Data (-----)	FOR THE ACCOUNT OF: -----
Comp. ID -----	Indiv ID(-----) Disc Data(-----)
Comp. Descriptive Date (-----)	Individual Name /-----/
RETURNED BY:	
Originating DI ID -----	
Original Item Receiver ID(-----)	
REFUSAL	
Code ---	
-----	111

**Missing Information:**  
 Leaving out the Receiving  
 DI ID information from the  
 original item will cause a  
 C67 Reject

- Error #1 is an RTN problem (Receiving DI ID information from the original item is missing).

**Note:** These errors will cause a C67 reject.



# 7 Collections

## Overview

This chapter provides information about Federal government tax and non-tax collections through the ACH.

## In this Chapter ...

<b>A. Federal Tax Collections</b>	<b>7-2</b>
EFTPS Overview	7-2
EFTPS Enrollment	7-2
Prenotification	7-2
EFTPS Payment Methods	7-2
EFTPS-Direct (ACH Debit)	7-2
Format	7-3
Reversals	7-3
EFTPS-Through a Financial Institution (ACH Credit)	7-3
Format	7-3
Returns and Reversals	7-3
Same Day Payments	7-3
EFTPS Assistance	7-4
<b>B. Federal Non-Tax Collections</b>	<b>7-4</b>
Direct Payment (Preauthorized Debit)	7-4
FMS Lockbox Network Financial Institutions	7-5
FMS Regional Financial Center	7-5
Assistance	7-6
ACH Credits	7-8
FMS Lockbox Network Financial Institutions	7-8
Remittance Express (REX)	7-9
Assistance	7-9
<b>C. Paper Check Conversions</b>	<b>7-9</b>
What is paper check conversion?	7-9
How are business customers notified that their checks will be converted to an ACH debit?	7-10
What should financial institutions know?	7-10
What happens if the ACH debit can't be processed?	7-10
What happens to the physical check?	7-10
Assistance	7-10

## A. Federal Tax Collections

### Electronic Federal Tax Payment System (EFTPS) Overview

The Electronic Federal Tax Payment System (EFTPS) is a free service offered by the U.S. Department of the Treasury for business and individual taxpayers to initiate all Federal tax payments. The system enables taxpayers and tax professionals to schedule payments over the phone or online ([www.eftps.gov](http://www.eftps.gov)) 24 hours a day, 7 days a week.

Any business or individual taxpayer can use EFTPS. Some business taxpayers are required to use EFTPS because total deposits of designated federal taxes during a calendar year exceed \$200,000. If this is the case, a business is required to use EFTPS beginning in the second succeeding calendar year. Once a business is required to use EFTPS, the requirement remains in subsequent years even if annual tax deposits fall below \$200,000.

#### *EFTPS Enrollment*

Taxpayers using EFTPS to make their Federal tax payments must complete an enrollment process prior to making their first payment. An enrollment may be completed online at [www.eftps.gov](http://www.eftps.gov) or by a paper enrollment form.

Business taxpayers may request the Business Enrollment Form 9779 and Instructions by calling EFTPS Customer Service. (See EFTPS Assistance at end of this section.)

Individual taxpayers may request the Individual Enrollment Form 9883 and Instructions by calling EFTPS Customer Service. (See EFTPS Assistance at end of this section.)

Financial institutions may make Business and Individual Enrollment Forms and Instructions available to their customers. Forms may be ordered by calling EFTPS Customer Service. (See EFTPS Assistance at end of this section.)

#### *Pre-notification*

Unless the taxpayer elects to bypass the bank account verification process, EFTPS will originate a pre-notification entry to the taxpayer's account as part of the EFTPS enrollment process. It is the responsibility of the RDFI to review the pre-notification entry and respond accordingly. A financial institution may be assessed late fees by Treasury where the RDFI failed to respond to a pre-notification entry containing incorrect information.

### EFTPS Payment Methods

EFTPS offers taxpayers two primary payment methods: EFTPS–Direct (ACH Debit) and EFTPS–Through a Financial Institution (ACH Credit). A Same Day Payment mechanism is also available through Fedwire or the Fedline Taxpayer Deposit Application.

#### *EFTPS–Direct (ACH Debit)*

A taxpayer may access EFTPS directly—by the Internet or by phone—to make a tax payment. At the completion of the tax payment, the taxpayer will receive an EFT Acknowledgement Number as a receipt confirming that the payment instructions have been received. If the payment has been initiated at least one calendar day before the tax due date, the payment will be debited against the taxpayer's account on the due date.

### ***Format***

EFTPS originates ACH debit entries using the Cash Concentration or Disbursement (CCD) format for business taxpayers and the Prearranged Payment and Deposit (PPD) format for individual taxpayers.

### ***Reversals***

EFTPS–Direct follows the NACHA Operating Rules for reversal entries.

### **EFTPS–Through a Financial Institution (ACH Credit)**

With EFTPS–Through a Financial Institution (available only to businesses), taxpayers must first make sure that their financial institution offers a tax payment service and that the taxpayer is eligible to use that service. Institution deadlines and fees may apply. Financial institutions are strongly encouraged to originate a zero dollar entry prior to the first ACH Credit payment. Taxpayers can use EFTPS–OnLine ([www.eftps.gov](http://www.eftps.gov)) to check on payments or access payment history, but they cannot make or cancel a payment through EFTPS–OnLine if EFTPS–Through a Financial Institution is selected during enrollment.

### ***Format***

EFTPS requires financial institutions to originate the ACH Credit tax payment in the Cash Concentration or Disbursement + Tax Payment Addenda Record (CCD+TXP) format. The format is contained in the taxpayer's enrollment confirmation package, and financial institutions should refer to the NACHA Operating Rules for additional information regarding the TXP record format.

### ***Returns and Reversals***

EFTPS follows the NACHA Operating Rules for returns and reversals.

### **Same Day Payments**

Same Day Payments can be used by enrolled taxpayers as a back-up to the ACH Debit or Credit payment options or as a primary payment mechanism. Taxpayers are automatically enrolled for Same Day Payments when they submit their enrollment form.

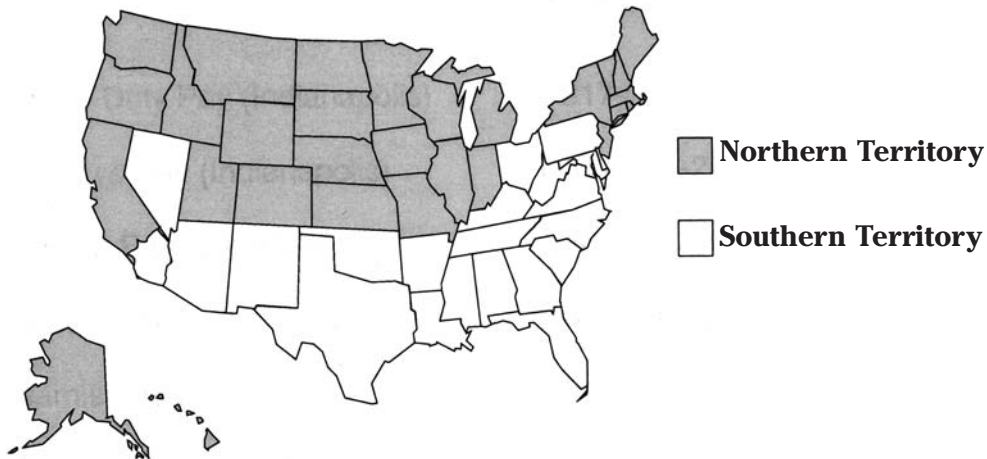
For more information, please contact your Fedwire operations area or your local Federal Reserve Bank Operations Area.



## EFTPS Assistance

If a taxpayer is initiating Federal tax payments using EFTPS—Through a Financial Institution (ACH Credit) see below for the appropriate customer service helplines.

	Northern Territory	Southern Territory
Routing Number . . . . .	071036210 . . . . .	061036000
Account Number . . . . .	04236036 . . . . .	23401009
Taxpayer Enrollment/Helpline . . . . .	1 (800) 945-8400 . . . . .	1 (800) 555-4477
Financial Institution Helpline . . . . .	1 (800) 945-7900 . . . . .	1 (800) 605-9876



For further information, see Contacts in Chapter 8.

Financial Management Service  
Electronic Banking Services Division  
401 14th Street, S.W., Third Floor  
Washington, DC 20227  
(202) 874-6577

## B. Federal Non-Tax Collections

### Direct Payment (Preauthorized Debit)

#### General

Direct Payment/ACH debit is an electronic transfer of funds via the ACH system from the remitter's account to the agency's account. The remitter (consumer or corporation) gives advance written authorization to the agency to process the ACH debit against the remitter's account at a financial institution.

Examples of Direct Payment applications include:

- Loan payments
- Grant repayments
- License fees.

### ***Enrollment***

The Federal agency receiving payments from remitters by means of a debit must obtain a completed SF 5510 (Authorization Agreement for Preauthorized Payments) or other approved authorization form from the remitter. This authorization allows the agency to process a debit against the remitter's bank account. The agency must advise the remitter of the amount and frequency of the debits and any changes to the amount or frequency unless the remitter has specifically waived the right to this notice.

There are two types of debit applications that the Federal agency may use: (1) recurring and (2) single debit.

### ***Recurring Debits***

Recurring debits are authorized by the remitter in writing, in advance, to occur at regular intervals. For the life of the agreement with the remitter, only one authorization is needed unless the terms of the agreement change.

### ***Single Debits***

Single debits allow a remitter the opportunity to maintain control over his/her funds by a separate authorization for each payment.

### ***Establishing a Direct Payment (ACH Debit) Application***

Prior to initiating ACH Debit items, an agency must obtain an authorization from its remitters. The FMS provides Federal agencies with two ODFI service options to allow agencies to choose the level of service which best fits their needs.

#### **FMS Lockbox Network Financial Institutions**

The FMS General Lockbox Network financial institutions provide a wide range of lockbox services to Federal agencies including ACH collections. One of these banks may serve as the agency's ODFI processing both recurring and single debits.

#### **FMS Regional Financial Center**

The Kansas City Regional Financial Center (RFC) of the Department of the Treasury, Financial Management Service, can serve as an ODFI, for recurring debit programs on behalf of Federal agencies.

## Summary of ACH Debit Products

Mechanism	ACH Method	Type of Payment	Remitter Base
General Lockbox Network (Electronic Lockbox)	Debit	Recurring/Single Constant/Varying amount	Individuals and Corporations
Kansas City Financial Center	Debit	Recurring Constant/Varying amount	Individuals and Corporations

## Assistance

For further information, see Contacts Chapter 8 or contact the Customer Assistance Staff for your area of the country.

Financial Management Service  
Product Promotion Division - Marketing Issues  
(202) 874-6540

Financial Management Service  
Financial Services Division - Operations Questions  
(202) 874-7026

## PAD Authorization Form (SF 5510)

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

(AGENCY NAME)

**PAPERWORK REDUCTION ACT AND PRIVACY ACT STATEMENT**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on the form is required under various provisions of title 15 U.S.C. 1601, 12 CFR 205 and 31 CFR 202, for the purpose of providing authority to the Department of Treasury to designate financial institutions to collect payments, by electronic means, from your account. The information will be used for identification with the records of the government agency and the financial institution to direct your payments to the point you authorize. No deduction may be made unless a signed authorization form is received. Failure to furnish this information may delay or prevent the collection of these payments through the Automated Clearing House System.

**INDIVIDUAL/COMPANY INFORMATION**

INDIVIDUAL/ORGANIZATION NAME: (PLEASE PRINT)

STREET ADDRESS:

CITY/STATE:

ZIP CODE:

TELEPHONE NUMBER:

AREA CODE:

YOUR AGENCY ACCOUNT IDENTIFICATION NUMBER:

TYPE OF PAYMENT:

I hereby authorize the initiation of a deduction from my account and the financial institution named below to debit such account. I understand I will be notified if the debit amount needs to be adjusted, either to be increased or decreased. I also understand that I have the right to stop automatic payment by notifying my financial institution in writing three days prior to the time my account is charged.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION**

FINANCIAL INSTITUTION NAME:

STREET ADDRESS:

CITY/STATE:

ZIP CODE:

NINE - DIGIT ROUTING TRANSIT NUMBER: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



ACCOUNT TITLE:

ACCOUNT NUMBER:

☐ CHECKING☐ SAVINGS

SIGNATURE AND TITLE OF REPRESENTATIVE:

TELEPHONE NUMBER:

AREA CODE:

DATE:

STANDARD FORM 5510 (July 1989)  
NSN 7540-01-280-5504

5510-101

DEPARTMENT OF THE TREASURY  
31 CFR 202 and 206; 1 TFM 6-8000

## ACH Credits

An ACH credit allows the remitter to originate an ACH transaction for payment to an agency through his/her financial institution. The remitter initiates the payment by requesting the FI to send a credit to the agency's designated ACH receiving point (the RDFI). This allows the remitter to maintain control over both the timing and the amount of the payment.

The agency notifies the remitter of the amount of the obligation due the government. At this time, or by prior agreement, the agency advises the remitter of the banking information required to properly credit the payment to the agency's account, the information necessary to properly identify the payment, and the acceptable formats to use. (For specific format information, see the NACHA Operating Rules.)

Prior to receiving ACH credit items, an agency must initiate an agreement with FMS and the RDFI. The FMS provides Federal agencies with two RDFI service options to allow agencies to choose the level of service which best fits their needs.

### FMS Lockbox Network Financial Institutions

The lockbox financial institutions can serve as the RDFI for the agency and process and receive ACH credits. The banks have the capacity to receive information from the agency, from the remitter, or directly from the ACH system.

### Remittance Express

Remittance Express (REX) is a program which allows the Federal government to receive ACH credits directly from the private sector, for payment to the agency by receiving ACH credit transactions at a unique routing number at the Federal Reserve Bank of Richmond.

### Types of REX Applications

REX applications are well suited for credit type transactions, where a private sector remitter initiates a payment to the Government, such as...

- Medical care recovery cost from insurance companies,
- Various types of fees, e.g., Electrical Power User Fees, Petroleum Reserve Fees, etc.,
- Energy sales,
- Pollution payments, and
- Medical payments.

## REX Enrollments

To enroll in the REX program a Federal agency must first sign a Memorandum of Understanding (MOU) with the FMS and complete a REX Agency Account Set-up Form.

### Format

REX accepts the Cash Concentration or Disbursement Plus Addendum (CCD+) and the Corporate Trade Exchange (CTX) formats.

## Summary of ACH Credit Products

Mechanism	ACH Method	Type of Payment	Remitter Base
General Lockbox Network (Electronic Lockbox)	Credit	Recurring/Single Constant/Varying amount	Individuals and Corporations
Remittance Express	Credit	Recurring Constant/Varying amount	Corporations

## Assistance

For questions concerning REX, see Contacts Chapter 8 or contact the Customer Assistance Staff for your area of the country.

Financial Management Service  
Financial Services Division  
401 14th Street, S.W., Third Floor  
Washington, DC 20227  
(202) 874-7026

## C. Paper Check Conversions

### What is paper check conversion?

Paper check conversion is the process of converting personal and business checks into electronic funds transfers at the point of sale (POS) or in a lockbox environment (commercially known as eCheck). These transactions can be consumer (Point of Purchase, POP), consumer accounts receivable (ARC), and business transactions that are taken over the counter or received through the mail. The authorization to process business checks electronically is found in 31 CFR Part 210, the Department of the Treasury's adaptation of the NACHA—The Electronic Payments Association—rules.

## How are business customers notified that their checks will be converted into an ACH debit?

Processing agencies are responsible for notifying their customers. This may be by mail, electronic postings, or physical postings at drop box or point-of-purchase locations. This notification, together with the customer's subsequent presentation of the check, constitutes authorization of conversion.

## What should financial institutions know?

- All commercial checks will be converted using the CCD SEC code. The check number will be placed in field 7 (identification number), found in positions 40-54 of the entry detail record.
- It is anticipated that alternative payment methods will be made available for any lockbox at which all checks are converted so remitters will have payment options available.
- The originating ABA routing number identifying Treasury transactions is 041736126.
- For fraud or legal questions, Treasury will provide an image of the transaction.

## What happens if the ACH debit can't be processed?

- The use of cash management tools at the financial institution such as account debit blocks or positive pay verification may prohibit the account to be debited via ACH.
- For accounts that use cash management tools, the customer may request debits coming from a specific originating ID to be debited from the account. For example, company XYZ may allow an electronic debit originated by Treasury with Treasury's ACH ID to be debited from the company account.
- Customers may contact the processing agency for alternative payment options.
- If the debit cannot be processed electronically, a paper copy of the check will be presented through the check processing system.

## What happens to the physical check?

Checks received at accounts receivable locations are imaged. The original check is destroyed within 14 days of the settlement date, and the image is retained for seven years. Checks presented at points-of-purchase are voided and returned to the customer.

## Assistance

More detailed information may be found at: [www.fms.treas.gov/ach](http://www.fms.treas.gov/ach), [www.fms.treas.gov/pcc](http://www.fms.treas.gov/pcc), or [www.pcc.gov](http://www.pcc.gov).



# 8 Contacts

## Overview

This chapter includes addresses and/or phone numbers of ACH contacts. These contacts are provided to handle any problems or questions that you may have concerning ACH payments and collections.

## In this Chapter...

- A. FMS Customer Assistance Staffs (CAS) ..... 8-2**
- B. Additional FMS ACH Contacts ..... 8-3**
  - ACH Payment Operations ..... 8-3
  - ACH Marketing ..... 8-3
  - ACH Policy ..... 8-3
  - General ACH Questions ..... 8-3
- C. Collections/EFTPS Contact Information ..... 8-4**
  - Remittance Express (REX)/EFTPS ..... 8-4
  - EFTPS Assistance ..... 8-4
- D. General Agency Contact Information ..... 8-5**
- E. Defense Finance and Accounting Service (DFAS) Contacts ..... 8-6**
- F. DFAS myPay Contacts ..... 8-7**

## A. FMS Customer Assistance Staffs (CAS)

The table below shows the addresses and phone numbers for the Customer Assistance Staffs.

Financial institutions should contact the Customer Assistance Staff if they...

- need marketing information
- have questions regarding policy or compliance issues
- have operational questions
- have questions regarding Remittance Express (REX).

### Regional Financial Centers

#### Customer Assistance Staffs      Phone Number

Austin Financial Center  
Customer Assistance Staff  
P.O. Box 149058  
Austin, TX 78714-9058 . . . . . (512) 342-7300

Kansas City Financial Center  
Customer Assistance Staff  
P.O. Box 12599-0599  
Kansas City, MO 64116-0599 . . . . . (816) 414-2100

Philadelphia Financial Center  
Customer Assistance Staff  
P.O. Box 51317  
Philadelphia, PA 19115-6317 . . . . . (215) 516-8015

San Francisco Financial Center  
Customer Assistance Staff  
P.O. Box 193858  
San Francisco, CA 94119-3858 . . . . . (415) 817-7300



**Note:** If at any time the Federal paying agency (i.e., SSA, OPM, RRB, VA, BPD, IRS) cannot be reached, please contact your regional Customer Assistance Staff.

## B. Additional FMS ACH Contacts

For questions regarding **Federal government ACH payment operations...**

Department of the Treasury  
Financial Management Service  
Disbursement Management Division  
401 14th Street, SW, Third Floor  
Washington, DC 20227  
(202) 874-6810

For questions regarding **ACH policy issues...**

Department of the Treasury  
Financial Management Service  
Federal Finance  
401 14th Street, SW, Fourth Floor  
Washington, DC 20227  
(202) 874-6550

For general **ACH questions...**

ACH Liaison  
Department of the Treasury  
Financial Management Service  
Federal Finance  
401 14th Street, SW, Fourth Floor  
Washington, DC 20227  
(202) 874-6550

## C. Collections/EFTPS Contact Information

For questions regarding **REX operations...**

Department of the Treasury  
Financial Management Service  
Financial Services Division  
401 14th Street, SW, Third Floor  
Washington, DC 20227  
(202) 874-7026

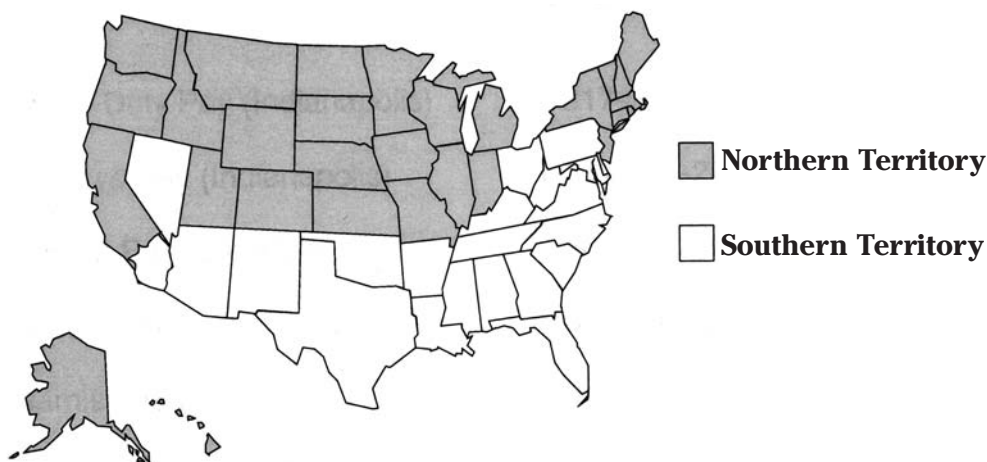
For questions regarding **EFTPS operations...**

Department of the Treasury  
Financial Management Service  
Tax Collection Division  
401 14th Street, SW, Third Floor  
Washington, DC 20227  
(202) 874-7064

### EFTPS Assistance

If a taxpayer is initiating Federal tax payments using EFTPS—Through a Financial Institution (ACH Credit) see below for the appropriate customer service helplines.

	Northern Territory	Southern Territory
Routing Number .....	071036210 .....	061036000
Account Number .....	04236036 .....	23401009
Taxpayer Enrollment/Helpline .....	1(800) 945-8400 .....	1(800) 555-4477
Financial Institution Helpline .....	1(800) 945-7900 .....	1(800) 605-9876



## D. General Agency Contacts

Agency	Contact
Social Security Administration . . . . .	1 (800) SSA-1213 or <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>
Office of Personnel Management . . . . .	1 (888) 767-6738 or <a href="http://www.opm.gov/retire">www.opm.gov/retire</a>
Railroad Retirement Board . . . . .	(312) 751-4704 or <a href="http://www.rrb.gov">www.rrb.gov</a>
Department of Veterans Affairs . . . . .	1 (800) 827-1000 or <a href="http://www.va.gov">www.va.gov</a>
Veterans Compensation, Pension & Education . . . . .	1 (800) 827-1000 or <a href="http://www.vba.va.gov/ro/muskogee">www.vba.va.gov/ro/muskogee</a>
Veterans Life Insurance . . . . .	1 (800) 669-8477 or <a href="http://www.insurance.va.gov">www.insurance.va.gov</a>
Bureau of the Public Debt . . . . .	<a href="http://www.publicdebt.treas.gov">www.publicdebt.treas.gov</a>
TreasuryDirect. . . . .	1 (800) 943-6864 or <a href="http://www.treasurydirect.gov">www.treasurydirect.gov</a>
Series H/HH Savings Bonds . . . . .	(304) 480-6112 or <a href="http://www.savingsbonds.gov">www.savingsbonds.gov</a>
Internal Revenue Service . . . . .	1 (800) 829-1040 or <a href="http://www.irs.ustreas.gov">www.irs.ustreas.gov</a>
Department of Labor	
Black Lung . . . . .	1 (800) 638-7072 or <a href="http://www.dol.gov/esa/regs/compliance/owcp/bltable.htm">www.dol.gov/esa/regs/compliance/owcp/bltable.htm</a> See also Chapter 1, Appendix 2
Federal Employee Workers' Compensation. . . . .	See Chapter 1, Appendix 2, and/or <a href="http://www.dol.gov/esa/contacts/owcp/fecacont.htm">www.dol.gov/esa/contacts/owcp/fecacont.htm</a>
Longshore and Harbor Workers' Compensation . . . . .	(202) 693-0925 For address, see Chapter 1, Appendix 2, or <a href="http://www.dol.gov/esa/owcp/dlhwc/lstable.htm">www.dol.gov/esa/owcp/dlhwc/lstable.htm</a>

## E. Defense Finance and Accounting Service (DFAS) Contacts

Military members with questions regarding their pay should address them to their local military pay office. The following is a list of DFAS Contact information. For additional information, including DFAS vendor contact information, visit [www.dfas.mil](http://www.dfas.mil).

Agency/Payment type	Phone
<b>Army</b>	
Active Duty Pay (Indianapolis) . . . . .	1 (888) 729-2769 1 (317) 510-0665 DSN 669-0665
Reserve Pay (Indianapolis) . . . . .	1 (888) 729-2769 1 (317) 510-0665 DSN 669-0665
Annuitant Pay (Cleveland) . . . . .	1 (800) 321-1080
Garnishment (Cleveland) . . . . .	1 (216) 522-5301
Out of Service Debt (Denver) . . . . .	1 (800) 962-0648
Vendor Pay (Indianapolis) . . . . .	1 (888) 332-7366
<b>Navy</b>	
Active Duty Pay (Cleveland) . . . . .	1 (800) 346-3374
Reserve Pay (Cleveland) . . . . .	1 (800) 255-0974
Annuitant Pay (Cleveland) . . . . .	1 (800) 321-1080
Garnishment (Cleveland) . . . . .	1 (216) 522-5301
Out of Service Debt (Denver) . . . . .	1 (800) 962-0648
Vendor Pay (Cleveland) . . . . .	1 (800) 765-4571
<b>Air Force</b>	
Active Duty Pay (Denver) . . . . .	1 (800) 755-7413 DSN 926-1281
Reserve Pay (Denver) . . . . .	1 (800) 755-7413 DSN 926-1281
Annuitant Pay (Cleveland) . . . . .	1 (800) 321-1080
Garnishment (Cleveland) . . . . .	1 (216) 522-5301
Out of Service Debt (Denver) . . . . .	1 (800) 962-0648
Vendor Pay (Denver) . . . . .	1 (888) 898-0887
<b>Marine Corps</b>	
Active Duty Pay (Kansas City) . . . . .	1 (800) 594-8302
Reserve Pay (Kansas City) . . . . .	1 (800) 594-8302
Annuitant Pay (Cleveland) . . . . .	1 (800) 321-1080
Garnishment (Cleveland) . . . . .	1 (216) 522-5301
Out of Service Debt (Denver) . . . . .	1 (800) 962-0648
Vendor Pay (Kansas City) . . . . .	1 (800) 926-7480

*continued next page >*

***Defense Finance and Accounting Service (DFAS) Contacts (continued)***

<b>Agency/Payment type</b>	<b>Phone</b>
<b>US Coast Guard</b>	
Active Duty Pay . . . . .	(785) 339-3500
Reserves . . . . .	(785) 339-3414
Retired . . . . .	(785) 339-3416

**F. Defense Finance and Accounting Service (DFAS) Contacts - myPay**

The myPay system is both an Internet service and an interactive voice response system (IVRS). myPay allows access to current pay information, pay accounts, and tax statements, plus allows selected changes directly to a DFAS pay account.

myPay Internet site:

[myPay.dfas.mil](http://myPay.dfas.mil) or [www.dfas.mil/mypay/](http://www.dfas.mil/mypay/)

myPay touch-tone phone:

Toll-free . . . . . 1-877-363-3677

Commercial . . . . 1-478-757-3119

myPay Customer Support Unit:

Toll-free . . . . . 1-800-390-2348

Commercial . . . . 1-216-522-5122

DSN . . . . . 580-5122

The Customer Support Unit will assist with any myPay or personal identification number (PIN) problems.





# 9 Glossary

## ACH Rules

The Operating Rules and the Operating Guidelines published by the National Automated Clearing House Association (NACHA), a national association of regional member clearing house associations, ACH Operators and participating financial institutions located in the United States.

## Actual or Constructive Knowledge

When used in reference to an RDFI's knowledge of the death or legal incapacity of a recipient or death of a beneficiary; actual or constructive knowledge means that the RDFI received information, by whatever means, of the death or incapacity and has had a reasonable opportunity to act on such information or that the RDFI would have learned of the death or incapacity if it had followed commercially reasonable business practices.

## Agency

Any department, agency, or instrumentality of the United States Government, or a corporation owned or controlled by the Government of the United States. The term agency does not include a Federal Reserve Bank.

## Annuitant

A retired Federal employee or his/her survivor who is receiving payments from the Office of Personnel Management; a retired railroad employee, his/her spouse, or his/her survivor who is receiving payments from the Railroad Retirement Board; a retired military service person, his/her spouse or his/her survivor who is receiving payments from a military service.

## Annuity

A recurring payment made to a retired individual, his/her survivor or spouse.

## Automated Clearing House (ACH)

A funds transfer system governed by the NACHA Operating Rules which provides for the interbank clearing of electronic entries for participating financial institutions.

## Automated Standard Application for Payments (ASAP)

A recipient-initiated payment and information system, designed to provide a single point of contact for the request and delivery of Federal funds.

## **Authorizing Agency**

The Federal agency that authorized the initiation of the payment.

## **Banking Day**

With reference to a financial institution, any day on which such financial institution is open to the public during any part of such day for carrying on substantially all of its banking functions, and, with reference to an ACH Operator, any day on which the appropriate facility of such ACH Operator is being operated.

## **Beneficiary**

A natural person who is entitled to receive all or part of a benefit payment. The beneficiary may or may not be the recipient.

## **Benefit Payment**

A payment for a Federal entitlement program or for an annuity, including, but not limited to, payments for Social Security, Supplemental Security Income, Black Lung, Civil Service Retirement, Railroad Retirement annuity and Railroad Unemployment and Sickness benefits, Department of Veterans Affairs Compensation and Pension, and Worker's Compensation.

## **Business Day**

A calendar day other than a Saturday, Sunday, or a Federal holiday.

## **Cash Concentration or Disbursement (CCD)**

A corporate ACH format consisting of one detailed payment record and one addenda record. The Financial Management Service primarily uses this format to process vendor payments.

## **CA\$HLINK**

A cash concentration and information system used to manage the collection of Federal government funds. It also provides agencies with financial information to verify bank deposits, ACH transfers, wire transfers, as well as information to reconcile their accounts.

## **Claim Number**

A number which identifies the recipient's or beneficiary's records at the Federal agency that authorizes the payment; usually a Social Security Number or an equivalent identification number.

## **Claim Number Prefix**

One or more alpha character(s) that precedes a claim number. These letters indicate the type of claim for which benefits are being paid.

## Claim Number Suffix

A one or two alphanumeric character that follows the claim number. These characters indicate the type of claim for which benefits are being paid.

## Corporate Trade Exchange (CTX)

A corporate ACH format consisting of one detailed payment record with up to 9,999 addenda records. The CTX format is used to transmit information in the ANSI X12 electronic data interchange (EDI) syntax.

## Correspondent Bank

A bank that provides settlement with the Federal Reserve and/or processing services for another financial institution.

## Customer Assistance Staff

A component of the Financial Management Service, Regional Financial Center that provides customer assistance to other government entities, the Federal Reserve Banks, financial institutions, and the public.

## Death Notification Entry (DNE)

A notice to a Receiving Depository Financial Institution (RDFI) of the death of a Receiver. Only a Federal government agency may originate a DNE entry.

## Direct Deposit

A Federal Government payment program for consumers who authorize the deposit of payments automatically into a checking or savings account via the ACH.

## Direct Payment

An electronic transfer of funds authorized in advance by the remitter, permitting a Federal agency to collect payments automatically on a predetermined date. It is sometimes referred to as a preauthorized debit (PAD).

## Discretionary Allotment

An amount permitted by the employing Federal agency to be deducted from a Federal government employee's net salary amount and paid to a recipient. The amount of discretionary allotments may not exceed the net pay due the employee for each pay period after all deductions required by law are subtracted.

## Effective Entry Date

The date specified by the originator (authorizing agency) on which it intends a batch of entries to be settled. For credit entries, the effective entry date is one or two banking days following the processing date. For debit entries, the effective entry date is one banking day following the processing date.

## Electronic Federal Tax Payment System (EFTPS)

A system through which taxpayers remit Federal tax payments electronically.

## Enrollment (Automated) ENR

An ENR entry is a non-dollar entry sent through the ACH by any Receiving Depository Financial Institution (RDFI) to a Federal government agency participating in the ENR program for the purpose of transmitting Direct Deposit enrollment information. Sometimes referred to as QuickStart™.

## Electronic Transfer Account (ETA<sup>SM</sup>)

A low cost account designed by Treasury to provide individuals who receive Federal benefit, wage, salary, or retirement payments the ability to receive their payments electronically. Any individual who receives a Federal benefit, wage, salary, or retirement payment is eligible to open an ETA.

## ETA Provider

Financial institutions that choose to offer ETAs. They must enter into a Financial Agency Agreement with the Treasury Department.

## FastStart

An abbreviated SF 1199A form used to enroll and/or make changes to Direct Deposit information.

## Federal Payment

Any payment made by an agency. The term includes, but is not limited to: (1) Federal wage, salary, and retirement payments; (2) vendor and expense reimbursement payments; (3) benefit payments; and (4) miscellaneous payments including, but not limited to, interagency payments; grants; loans; fees; principal, interest, and other payments related to United States marketable and nonmarketable securities, overpayment reimbursements; and payments under Federal insurance or guarantee programs for loans.

## Federal Reserve Bank

Serves as the nation's central bank and the Federal government's fiscal agent. It processes electronic payments, including ACH, for the Federal government, handling Federal government deposits and checks, and supervising and regulating Federally chartered financial institutions.

## Financial Agency Agreement

Agreement between Treasury and financial institutions who offer ETAs. Outlines the duties of the financial institution.

## **Financial Institution**

A bank, savings bank, savings and loan association, credit union or similar institution.

## **Flagging**

The automated marker on an account indicating that one or more account holders is deceased, and that all future Federal payments for that account should be returned.

## **Financial Organization Master File (FOMF)**

A master list of financial institutions receiving Federal government Automated Clearing House (ACH) payments. It contains Routing Numbers (RTNs) and a single financial institution name and mailing address for each RTN.

## **45-Day Amount**

The dollar amount of all the ACH payments received within 45 calendar days following the death or legal incapacity of a recipient or the death of a beneficiary.

## **Government Disbursing Office**

A Federal government office which issues payments on behalf of an authorizing Federal agency.

## **Legal Incapacity**

A legal declaration that an individual is unable to manage his/her affairs properly.

## **Limited Liability Amount**

The sum of the account balance and the 45-day amount. The limited liability amount is the financial institution's liability for benefit payments if funds have been withdrawn from the account after the death and the financial institution meets all requirements for limiting its liability. This amount may not exceed the outstanding total.

## **Lockbox (paper)**

A post office box established by a financial institution for the purpose of receiving paper-based payments to an agency.

## **Lockbox (electronic)**

An account established by a financial institution for the purpose of receiving ACH payments to an agency.

## **NACHA - The Electronic Payments Association**

The trade association which sets automated payment standards that govern the ACH system for financial institutions nationwide.

## Notice of Reclamation

A Notice sent by electronic, paper, or other means by the Federal government to an RDFI which identifies the benefit payments that should have been returned by the RDFI because of the death or legal incapacity of a recipient or death of a beneficiary.

## Originating Depository Financial Institution (ODFI)

The financial institution which delivers ACH entries directly or indirectly through a third party to its ACH operator.

## Outstanding Total

The sum of all benefit payments received by an RDFI from an agency after the death or legal incapacity of a recipient or the death of a beneficiary, minus any amount returned to, or recovered by, the Federal government.

## Prearranged Payment and Deposit (PPD)

The ACH format used by the Federal government for consumer payments.

## Preauthorized Debit (PAD)

See Direct Payment.

## QuickStart™

See Enrollment (Automated) ENR.

## Reclamation

A procedure to recover Federal government recurring benefit payments that were paid through ACH after the death or legal incapacity of a recipient or the death of a beneficiary.

## Receiving Depository Financial Institution (RDFI)

For the purposes of the Green Book, the RDFI is the financial institution that receives the payment.

## Recipient

A natural person, corporation, or other public or private entity that is authorized to receive a Federal payment from an agency.

## Regional Financial Center (RFC)

The Financial Management Service regional centers that act as the Government Disbursing Office for Treasury disbursed payments.

## Remittance Express (REX)

Remittance Express is a program designed to improve and streamline the process by



which private sector remitters initiate payments (ACH credits) to the Federal government. REX allows a Federal agency to use the ACH network to receive payments from its remitters.

## **Representative Payee**

A person or institution authorized by an authorizing Federal agency to accept payments for the benefit of one or more other persons, such as legally incapacitated adults or dependent children.

## **Trace Number**

A fifteen-digit number assigned to identify each ACH item by the issuing Government Disbursing Office. The first eight digits are the Disbursing Office's routing number and the last seven digits are the trace item number. It is also part of the original payment data forwarded to the financial institution and is included in each Entry Detail, Corporate Entry Detail, and Entry Detail Addenda Record.

## **Trace Request (FMS 150.1 or FMS 150.2)**

A form sent by the Government Disbursing Office to a financial institution reporting a nonreceipt claim by a payee for an ACH payment.

## **TreasuryDirect**

*TreasuryDirect* is a book-entry securities system in which investors' accounts of book-entry Treasury marketable securities are maintained. It is designed for investors who purchase Treasury securities and intend to hold them until maturity.

## **Treasury Financial Manual**

The manual issued by the Financial Management Service containing procedures to be observed by all agencies, Federal Reserve Banks, and financial institutions with respect to payments, collections, central accounting, financial reporting, and other government-wide fiscal responsibilities of the Treasury.

## **Third Party Processor**

A company that receives and processes ACH transaction data for a financial institution.

## **Vendor Payment**

The electronic transfer of funds and payment-related information used by the Federal government for payments to businesses that provide goods and services to Federal agencies and other payment recipients, such as State/local governments and educational institutions.



# Index

- Account Titles for IRS Tax Refunds . . . . . 1-8
- Actual or Constructive Knowledge . . 5-8, 9-1
- Allotments . . . . . 1-5, 1-7
- Authorization Agreement for Preauthorized Payments (SF 5510) . . . . . 7-7
- Automated Enrollment (ENR) . . . . . 1-4, 9-4
- Automated Standard Application for Payments (ASAP) . . . . . 1-37, 9-1
- Availability of Funds . . . . . 2-5
  - Payment Posting* . . . . . 2-5
- Cash Concentration or Disbursement (CCD) . . . . . 1-31, 1-32, 2-4, 7-3, 7-9, 9-2
- Claim Number Structure. . . . . 4-5, 6-5
- Claim/Payroll ID Table . . . . . 1-14
- Corporate Trade Exchange (CTX) . . . . . 1-31, 1-32, 1-37, 2-4, 7-9, 9-3
- Customer Assistance Staffs . . . . . 6-3, 8-2
- Death
  - Did not die* . . . . . 5-24
  - Errors in date of* . . . . . 5-26
  - Notification of* . . . . . 5-8
  - Death Notification Entry (DNE)* . . . . . 4-2, 4-9, 5-8, 9-3
- Department of Defense Contacts . . . . . 8-6
- Direct Deposit
  - Distribution* . . . . . 1-19
  - Examples* . . . . . 1-21
  - How to complete* . . . . . 1-13
  - How to order* . . . . . Appendix 2
  - To make changes* . . . . . 6-2
- Electronic Federal Tax Payment System (EFTPS) . . . . . 7-2, 7-3, 7-4, 8-4, 9-4
- Electronic Transfer Account (ETA<sup>SM</sup>) . 2-5, 9-4
- Enrollment
  - Department of Veterans Affairs* . . . . . 1-11
  - Dial Direct Deposit (SSA)* . . . . . 1-9
  - EZ EFT Enrollment (OPM)* . . . . . 1-9
  - SF 1199A Form Distribution* . . . . . 1-19
  - Formless Direct Deposit (RRB)* . . . . . 1-8
  - Series H/HH Savings Bonds (BPD)* . . . . 1-10
  - Simplified* . . . . . 1-5
  - TreasuryDirect* . . . . . 1-6, 1-9
- Flagging . . . . . 4-3, 9-5
- Forms
  - Authorization Agreement for Preauthorized Payments (SF 5510)* . . . . . 7-7
  - Direct Deposit Sign-Up Form (SF 1199A)* . . . . . 1-13, 1-20
  - Follow-up to the Notice of Reclamation (FMS 2942)* . . . . . 5-20, 5-22
  - Notice of Reclamation (TFS 133)* . . . . . 5-11, 5-12, 5-13, 5-14
  - Payment Information Form (SF 3881)* . . . . . 1-34, 1-35, 1-36
  - FMS 150.1* . . . . . 3-7, 3-9
  - FMS 150.2* . . . . . 3-6, 3-7
- Financial Organization Master File (FOMF) . . . . . 2-3, 9-5
- Fraud . . . . . 1-38
- Green Book 2004
  - Order Form* . . . . . Appendix 1
  - Ways to order* . . . . . Appendix 1

<b>Liability</b>		<b>Reclamation</b>	
<i>Conditions for full liability</i> . . . . .	5-5	<i>Follow-Up Notice</i> . . . . .	5-20, 5-22
<i>Conditions for limiting liability</i> . . . . .	5-5	<i>Notification of Death</i> . . . . .	5-8
<i>Exception to liability rule</i> . . . . .	5-5	<i>Notice of</i> . . . . .	5-10, 5-11, 5-12, 5-13, 5-14
<i>45-day liability amount</i> . . . . .	5-6, 9-5	<i>Payments Affected</i> . . . . .	5-4
<b>Memo Posting</b> . . . . .	3-2	<i>Subsequent</i> . . . . .	5-28
<b>Misdirected Payments</b> . . . . .	2-5	<i>Time Limitations</i> . . . . .	5-20
<b>Nonreceipt</b>		<i>Errors in Death</i> . . . . .	5-24
<i>Attempts to locate payments</i> . . . . .	3-4	<b>Remittance Express (REX)</b> . . . . .	7-8, 7-9, 9-6
<i>Common causes for unnecessary</i> <i>claims</i> . . . . .	3-2	<b>Representative Payee</b> . . . . .	9-7
<i>How to begin claim process</i> . . . . .	3-5	<b>Returns</b>	
<i>Tele-TRACE</i> . . . . .	3-10	<i>Dishonored Returns/Common Errors</i> . . .	4-7
<b>Notification of Change</b>		<i>Duplicate Returns</i> . . . . .	4-11
<i>Change Reason Codes</i> . . . . .	6-3, 6-4	<i>Partial Returns</i> . . . . .	4-6, 5-16
<i>Common Errors</i> . . . . .	6-9, 6-10, 6-11	<i>Reason Codes</i> . . . . .	4-2
<i>Financial Institution Actions</i> . . . . .	6-5	<i>Suspense Accounts</i> . . . . .	4-4
<i>Refused Notification of Change</i> . . . . .	6-8	<i>Timeliness</i> . . . . .	4-4
<i>When to use</i> . . . . .	6-2	<b>RFC Routing Number Table</b> . . . . .	2-7
<i>When not to use</i> . . . . .	6-2	<b>Simplified Enrollment</b> . . . . .	1-5
<b>Paper Check Conversion</b> . . . . .	7-9	<b>Social Security Administration Program</b>	
<b>Paper Enrollment Methods</b> . . . . .	1-11	<b>Service Centers</b> . . . . .	4-9, 4-10
<b>Power-of-attorney</b> . . . . .	1-16	<b>Tax Refund</b> . . . . .	1-8
<b>Prearranged Payment and Deposit</b> <b>(PPD)</b> . . . . .	2-4, 2-8, 9-6	<b>Termination of Enrollment</b>	
<b>Preauthorized Debit</b> . . . . .	7-4, 7-5, 7-6, 9-6	<i>By Recipient</i> . . . . .	1-38
<b>Prenotifications</b> . . . . .	2-4	<i>By Fraud</i> . . . . .	1-38
<i>Quick\$tart™</i> . . . . .	1-4, Chapter 1 Appendix	<i>Courtesy Notice</i> . . . . .	1-38
		<b>Trace Request</b> . . . . .	3-6
		<i>TreasuryDirect</i> . . . . .	1-6, 1-9, 2-9, 2-10, . . . . . 4-9, 5-4, 6-2, 6-6, 8-5, 9-7
		<b>Vendor Payments/Remittance Information</b>	
		. . . . .	1-31

## Green Book 2004 Order Form

The Green Book is available for download at [www.fms.treas.gov/greenbook](http://www.fms.treas.gov/greenbook).

However, if you want a hardcopy of the Green Book, send order form to:

U.S. Department of the Treasury  
Financial Management Service  
Federal Finance  
401 14th Street, SW  
Washington, DC 20227

OR

Contact Federal Finance at (202) 874-6540 to place an order for the Green Book 2004.

Copies are limited to one (1) per organization. Place an "X" next to your request for materials.

**Green Book 2004 (hardcopy)** \_\_\_\_\_

\_\_\_\_\_  
Name of Requester

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

**PLEASE ENCLOSE A SELF-ADDRESSED MAILING LABEL.**

## How to Order Direct Deposit Sign-Up Forms (SF 1199A)

Financial institutions may order the SF 1199A through the U.S. Government Printing Office (GPO) or print their own forms. There is a cost of \$16 per 100 copies. The GPO stock number is 048-000-00363.

The Direct Deposit Sign-Up Forms may be ordered by one of the following methods:

METHOD	PROCEDURE
Fax order	Dial (202) 512-2250, 24 hours.
Visa, MasterCard, Discover or GPO Deposit Account	Call GPO at (202) 512-1800.
Mail order	Write to: Superintendent of Documents U.S. Government Printing Office P.O. Box 371954 Pittsburgh, PA 15250-7954  <i>Note: Enclose a check or money order made payable to the "Superintendent of Documents."</i>

A financial institution may print its own forms as long as they are identical in . . . format, size, language, and number of copies (i.e., three-part forms).

The Office of Management and Budget's expiration date is no longer required on the Direct Deposit Sign-Up Forms.

For computer-generated forms the...

- information on the back of the SF 1199A may be printed on a separate page; and
- words FINANCIAL INSTITUTION COPY, PAYEE COPY and GOVERNMENT AGENCY COPY do not have to be printed on the bottom of the appropriate pages. Copies of the completed form must be kept on file at the financial institution and provided to the payee and Federal agency.

The following information may be preprinted on the form:

- financial institution name and address
- financial institution phone number
- routing number used to receive ACH items